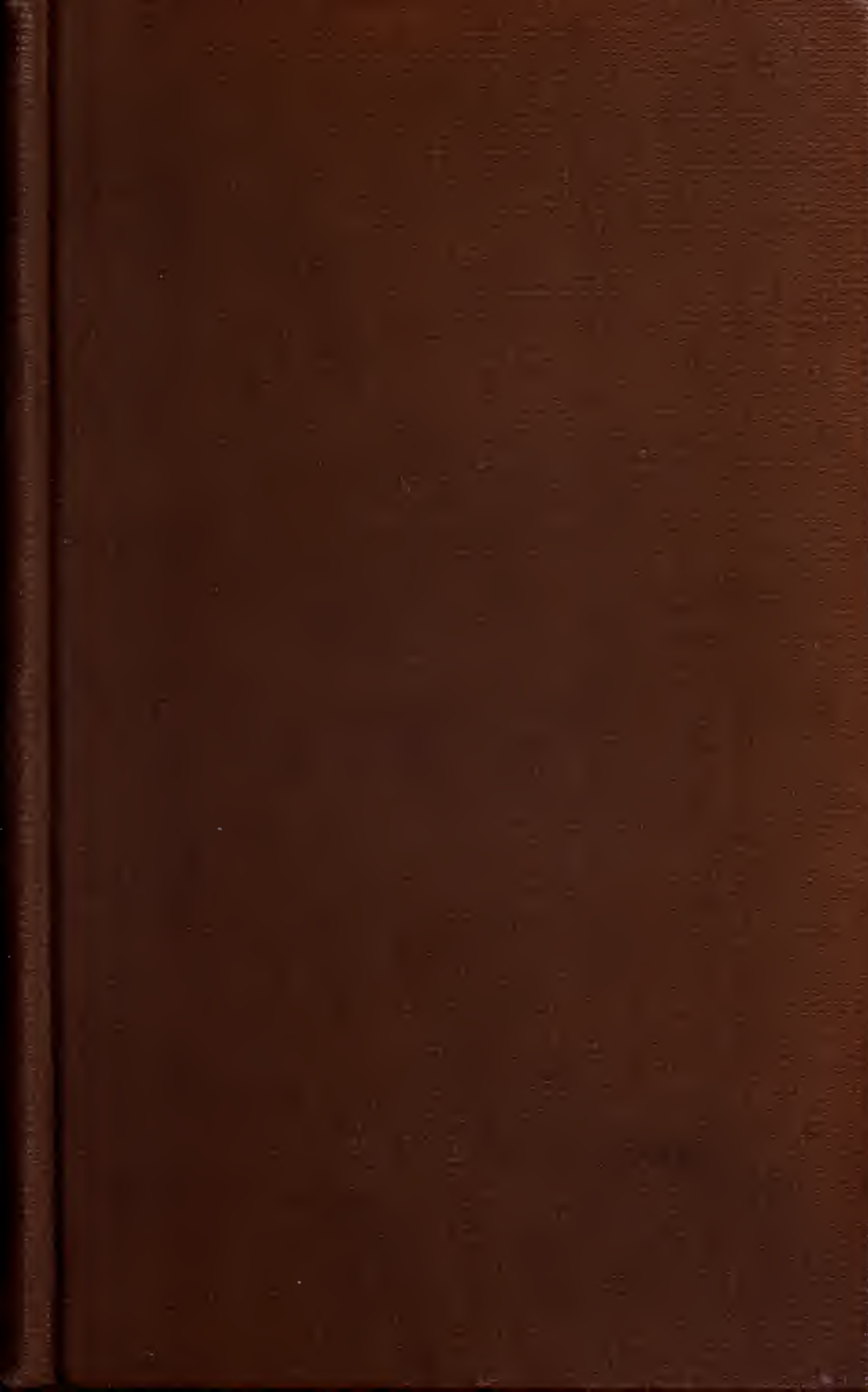




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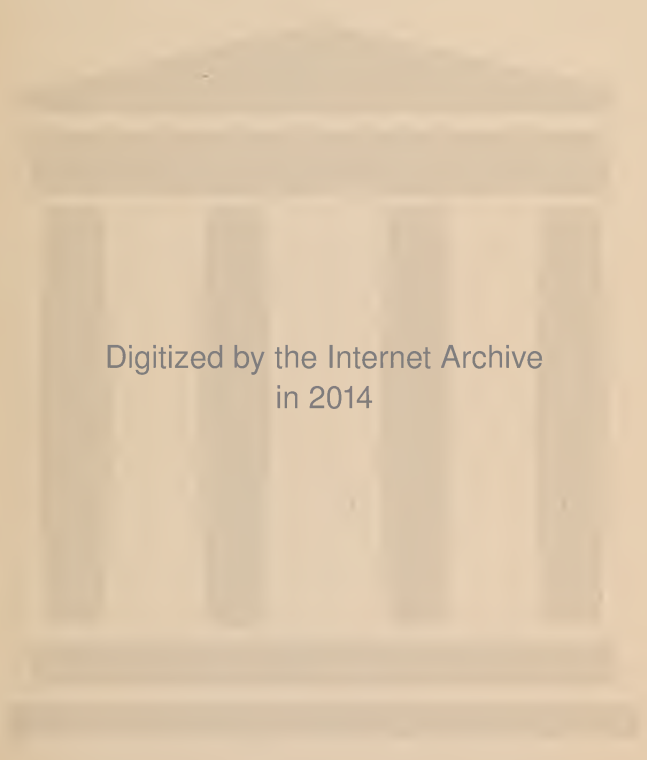
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THE
NEW-YORK
JOURNAL OF MEDICINE,
AND THE
COLLATERAL SCIENCES.

EDITED BY
S. S. PURPLE, M. D.

Verumque est, ad ipsam curandi rationem nihil plus conferre,
quam experientiam.—CÆLSUS.



VOL. V. . . . NEW SERIES.

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1850.

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TO READERS AND CORRESPONDENTS.

PERSONS in *Canada* wishing to subscribe to this Journal can obtain their numbers *free of postage*, by addressing R. W. Lay, Agent, No. 193 Notre Dame street, Montreal.

NOTICE TO FOREIGN EXCHANGES. Our London and Provincial Medical Exchanges will please take notice that commencing with this number we shall, until requested to do otherwise, forward through the house of Mr. G. P. Putnam, 49 Bow Lane, Cheapside, London, our exchanges. We shall *pre-pay* to this house, where our numbers may be obtained, and theirs in like manner may be left in return. We hope by this arrangement to secure safety and dispatch in transmission—the want of which has given us much trouble of late. In the event of such arrangements not proving satisfactory to them, they will please inform us in what manner they desire them to be sent.

CORRECTION. In Dr. Barker's article in last number, page 344, fifteenth line from top, the reader is requested to insert the following "out." After the semicolon which follows the words "ulcerative process," insert "in corroding ulcer."

In the present number, page 61, third line from the top, for "Blundall" read Blundell; on page 71, tenth line from top, for "Robert de Lambelle" read Jobert de Lambelle; on page 83, sixth line from bottom, for "*Edematous Corditis*" read *Edematous Carditis*; on page 85, note, for "New Journal," &c., read New-York Journal, &c.; on page 86, sixth line from bottom, for "person" read author.

The following publications have been received since our last:—

Medical Jurisprudence. By ALFRED S. TAYLOR, F. R. S., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Second American, from the third London edition. With notes and additions. By R. EGLESFIELD GRIFFITH, M. D., &c. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 670. (From the Publishers.)

Southern Medical Reports ; consisting of General and Special Reports on the Medical Topography, Meteorology, and prevalent Diseases in the following States: Louisiana, Alabama, Mississippi, North Carolina, South Carolina, Georgia, Florida, Arkansas, Tennessee, and Texas. To be published annually. Edited by E. D. FENNER, M. D. of New Orleans: Vol. 1st, 1849. New Orleans, B. M. Norman: New-York, S. S. & W. Wood. 1850. 8vo. pp. 472. (From the Editor.)

History, Diagnosis, and Treatment of Edematous Laryngitis. By ELISHA BARTLETT, M. D., Professor of the Theory and Practice of Medicine in the University of Louisville. Prentice & Weissinger. 1850. 8vo. pp. 32.

On the Use and Abuse of Alcoholic Liquors, in Health and Disease. Prize Essay. By WILLIAM B. CARPENTER, M. D., F. R. S. Examiner in Physiology in the University of London, Professor of Medical Jurisprudence in University College, etc. etc. Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 204. (From the Publishers.)

The Botanical Text-Book. An introduction to Scientific Botany, both structural and systematic. For Colleges, Schools, and private Students. Third edition, re-written and enlarged. Illustrated with twelve hundred engravings on Wood. By ASA GRAY, M. D., Fisher Professor of Natural History in Howard University. New-York: George P. Putnam. 1850. 8vo. pp. 520. (From the Publisher.)

The Unity of the Human Races proved to be the doctrine of Scripture, Reason, and Science, with a review of the present position and theory of Professor Agassiz. By the Rev. THOMAS SMYTH, D. D., Member of the American Association for the advancement of Science. New-York: George P. Putnam. 1850. 12mo. pp. 404. (From the Publisher.)

Transactions of the Medical Society of the State of New-York, during its Annual Session, held at Albany, February 5th, 1850. Albany: Weed, Parsons & Co. Public Printers. 1850. 8vo. pp. 280. (From the Society.)

An Historical Sketch of the state of Medicine in the American Colonies, from their first settlement to the period of the Revolution. By JOHN B. BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and of the city of New-York. Second edition. Albany: Charles Van Benthuysen, Printer. 1850. 8vo. pp. 63. (From the Author.)

An Address, delivered before the Suffolk District Medical Society, at its First Anniversary Meeting, Boston, April 27th, 1850. By JOHN JEFFRIES, M. D., President of the Society. Boston: 1850. 8vo. pp. 49. (From the Author.)

Medicine a Science and an Art. A Lecture introductory to the course in the Medical Institution of Geneva Medical College. By C. B. COVENTRY, M. D. Professor of Obstetrics and the Diseases of Women and Children and Medical Jurisprudence. Delivered March 7th, 1850. Geneva, N. Y.: 1850. 8vo. pp. 24.

A Memoir on Strictures of the Urethra. By JOHN P. METTAUER, M. D., L. L. D., Professor of the Principles and Practice of Medicine and Surgery in the Medical Department of Randolph Macon College, Virginia. Farmville, Va.: Saunders & Cowan. 1849. 8vo. pp. 46. (From the Author.)

Primary Announcement of the Course of Lectures in the Medical Department of the University of Michigan. Session of 1850-51. Ann Arbor, Mich.: 1850. 8vo. pp. 12. (From the University.)

The following Journals have been received in exchange :

The Medical Examiner and Record of Medical Science ; edited by F. G. SMITH, M. D. ; for May and June. (Monthly. Philadelphia.)

The Charleston Medical Journal and Review ; edited by D. J. CAIN, M. D., and F. P. PORCHER, M. D. ; for May. (Bi-monthly. Charleston.)

The New-Orleans Medical and Surgical Journal, devoted to Medicine and the Collateral Sciences ; edited by A. HESTER, M. D. ; for May. (Bi-monthly. New-Orleans)

The Ohio Medical and Surgical Journal ; edited by S. H. SMITH, M. D. ; for May. (Bi-monthly. Columbus.)

Southern Medical and Surgical Journal ; edited by J. P. GARVIN, M. D. ; for May and June. (Monthly. Augusta.)

St. Louis Medical and Surgical Journal ; edited by M. L. LINTON, M. D., J. S. MORE, M. D., W. M. MCPHEETERS, M. D., and J. B. JOHNSON, M. D. ; for April. (Bi-monthly. St. Louis.)

The St. Louis Probe ; edited by A. J. COONS, M. D., and J. R. ATKINSON, M. D. ; for April. (Monthly. St. Louis)

Buffalo Medical Journal, and Monthly Review of Medical and Surgical Science ; edited by AUSTIN FLINT, M. D. ; for May and June. (Monthly. Buffalo.)

The North-Western Medical and Surgical Journal ; edited by J. EVANS, M. D., and EDWIN G. MEEK, M. D. ; for May. (Bi-monthly. Chicago and Indianapolis.)

Transylvania Medical Journal ; edited by ETHELBERT DUDLEY, M. D. ; for April. (Bi-monthly. Lexington.)

The Western Lancet and Hospital Reporter ; edited by L. LAWSON, M. D. ; for May and June. (Monthly. Cincinnati.)

Northern Lancet and Gazette of Legal Medicine ; edited by FRANCIS J. D'AVIGNON, M. M., and HORACE NELSON, M. D., for May. (Monthly. Plattsburgh, N. Y.)

The Boston Medical and Surgical Journal ; edited by J. G. V. SMITH, M. D. ; May and June numbers received. (Weekly. Boston.)

The Western Journal of Medicine and Surgery ; edited by L. P. YANDELL, M. D., and T. S. BELL, M. D. ; for May and June. (Monthly. Louisville.)

The New-York Dental Recorder ; edited by C. C. ALLEN, M. D., Dentist ; for May and June. (Monthly. New-York.)

The British-American Journal of Medical and Physical Science ; edited by ARCHIBALD HALL, M. D., L. R. C. S. E. ; for May. Monthly. Montreal.)

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery ; edited by ——— ; for April. American edition. (Quarterly. New-York.)

Dublin Medical Press; edited by ———; for April and May. (Weekly. Dublin.)

London Medical Gazette, or Journal of Practical Medicine; edited by ———; for March and April. (Weekly. London.)

London Monthly Examiner, Monthly Review, and Statistical Journal of Practical Medicine; edited by ———; for March and April. (Monthly. London.)

 Communications intended for publication, and books for review, should be sent *free of expense*, directed to Dr. Purple, Editor of the New-York Journal of Medicine, care of R. F. Hudson, 39 Wall-st., New-York. Persons at a distance may direct parcels, *paid* as above, under cover, to G. P. Putnam, 49 Bow Lane, Cheapside, London; or Lindsay & Blakiston, Philadelphia; or Wm. B. Ticknor & Co., Boston. The attention of Correspondents is respectfully requested to the above, as the publisher is frequently subject to unnecessary expense for postage and carriage.

All remittances of money and letters on the *business* of the Journal, should be addressed to the publisher.

The advertising sheet belongs to the business department of the Journal, and all communications for it should be addressed to the publisher, under whose exclusive control it is.

CONTENTS.—NO. I.

(NEW SERIES.)

PART I.—ORIGINAL COMMUNICATIONS.

- ART. I.—Case of Inversion of the Uterus—fatal at the end of a year (with a plate). By C. R. GILMAN, M. D., Prof. Obstetrics and the Diseases of Women and Children, in the College of Physicians and Surgeons of N. Y. . . . 9
- ART. II.—Is Asiatic Cholera Contagious or Communicable from Person to Person? By W. P. BUEL, M. D. . . . 12
- ART. III.—Report of Surgical Cases occurring in the New-York Hospital. By FREDERICK D. LENTE, M. D., Resident Surgeon, ... 22
- ART. IV.—Extracts from the Report of the Proceedings of the New-York Pathological Society. (Selected and Prepared by Committee of Publication.) 30
- Aneurism of the Arch of the Aorta; death from rupture into the trachea. By W. H. VAN BUREN, M. D. 30
- Cases illustrating the Pathology of Cancer. By J. A. SWEET, M. D. 33
- Case of latent or masked Peritonitis. By Prof. A. CLARK, M. D. 36
- Case of death from Obstruction of deep Jugular Vein, caused by pressure from Enlargement of Lymphatic Glands. By J. T. METCALFE, M. D. 37
- ART. V.—A Literary, Historical, and Practical Sketch of Acrania, "Brainless" or Pseudencephalus Monsters; with the report of a case (with a plate). By the EDITOR, . . . 40
- ART. VI.—Case of premature labor complicated with complete prolapsus of the uterus. By SAMUEL TYLER, M. D., of Fredericks, Md., ... 57
- ART. VII.—Report of Medical Cases occurring in the New-York Hospital, J. H. GRISCOM in attendance. By V. P. COLTON, M. D., Resident Physician, ... 61

PART II.—CRITICAL ANALYSIS.

- ART. VIII.—A Practical Treatise on Inflammation of the Uterus and its Appendages, and on Ulceration of the neck of the Uterus. By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians, Physician Accoucher to the Western General Dispensary, formerly House Physician (by Concours) to the Hospitals, Saint Louis, Notre Dame, De La Pitié, and La Salpetriere. Paris. Second Edition. London. John Churchill, 1849. 8vo. pp. 527. 68
- Des Ulcerations, et Des Ulceres, Du Col De La Matrice et de leur traitement. Par F. L. PICHARD, Medecin de la Faculte Medecine de Paris, etc., etc. Avec 8 Planches, contenant 27 figures. Paris, 1849, 8vo. pp. 480, - - 68
- On Ulcerations and Ulcers of the neck of the Uterus, and their treatment. By F. L. PICHARD, etc., - - - 68
- Etudes sur les Maladies des Femmes qu'on observe le plus frequemment dans la pratique. Par ALEXIS FAVROT, Docteur en medecine de la Faculte de Paris, etc., etc. Paris, 1847, 8vo. pp. 423, - - - - - 68
- Investigation of the Diseases of Women that are most frequently met with in Practice. By ALEXIS FAVROT, etc. - 68
- ART. IX.—History, Diagnosis, and Treatment of Edematous Laryngitis. By ELISHA BARTLETT, M. D., Professor of the Theory and Practice of Medicine in the University of Louisville. Prentice & Weissinger, 1850. 8vo., pp. 32. 83

BIBLIOGRAPHICAL NOTICES.

- ART. X.—Southern Medical Reports; consisting of General and Special Reports on the Medical Topography, Meteorology, and Prevalent Diseases in the following States: Louisiana, Alabama, Mississippi, North Carolina, South Carolina, Georgia, Florida, Arkansas, Tennessee, and Texas. To be published annually. Edited by E. D. FENNER, M. D., of New-Orleans. Vol. 1st, 1849. New-Orleans, B. M. Norman: New-York, S. S. & W. Wood. 1850. 8vo., pp. 472. - - - - - 87
- ART. XI.—Medical Jurisprudence. By ALFRED S. TAYLOR, F. R. S., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Second American, from the third London edition. With notes and additions. By R. EGLESFIELD GRIFFITH, M. D., &c. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 670. - - - - - 89

ART. XII.—Transactions of the Medical Society of the State of New-York, during its annual session, held at Albany, February 5th, 1850. Albany: Weed, Parsons & Co., Public Printers. 1850. 8vo. pp. 280. - - - -	91
ART. XIII.—A Systematic Treatise, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America; as they appear in the Caucasian, African, Indian, and Esquimaux varieties of its population. By DANIEL DRAKE, M. D. Cincinnati: Winthrop B. Smith & Co. 1850. 8vo. pp. 878, - - - -	94

PART III.—FOREIGN MEDICAL RETROSPECT.

ANATOMY AND PHYSIOLOGY.

Researches on the Physiology of the Medulla Oblongata, -	96
On the Existence of Two New Kinds of Anatomical Elements in the Medullary Canals of Bones, - - - -	97

PATHOLOGY AND PRACTICAL MEDICINE.

Bright's Disease of the Kidneys essentially and primarily a Blood-disease, - - - - -	97
Pathological Appearances in ten Cases of Rupture of the Bladder, - - - - -	101
On the Employment of Ergotine in External and Internal Hemorrhage, - - - - -	105

SURGERY AND SURGICAL PATHOLOGY.

Case of Gunshot Wound, and subsequent extraction of a ball from the bladder, - - - - -	106
Peculiar accident of the Shoulder-joint. Simulating luxation of the Scapula, - - - - -	107
Ascending or Intermuscular Hernia, - - - - -	107

MIDWIFERY AND DISEASES OF FEMALES.

On the Prophylactic Treatment of Habitual Disposition to Abortion, - - - - -	112
On the alleged frequency of Ulceration of the Os and Cervix Uteri—Speculum Practice, - - - - -	113
Remarkable Case of Retention of Urine after Delivery, - -	117

MISCELLANEA.

Cantharidal Collodion, - - - - -	118
Annual Report of the National Vaccine Establishment, - -	118

OBITUARY.

Death of M. Capuron,	-	-	-	-	-	-	-	119
Death of Dr. Prout,	-	-	-	-	-	-	-	119

PART IV.—EDITORIAL AND AMERICAN MEDICAL RETROSPECT.

Public Hygiene—Cellar Population—Character and Effect of upon the Public Health, - - - - -	120
Report of the Proceedings of the American Medical Association, at the third Annual Meeting, held in Cincinnati, May, 1850. - - - - -	122
Report of the Proceedings of the National Medical Convention for revising the Pharmacopœia of the United States, -	138

PRACTICAL MEDICINE.

Ovariectomy—Large Abdominal Section for the Removal of an Ovarian Tumor, - - - - -	140
Analysis of the Byron Acid Spring, near Batavia, with a short account of its remedial properties, - - - - -	141
Poisoning by Corrosive Sublimate, - - - - -	142
Hypertrophy of the Heart, - - - - -	143

MISCELLANEA.

Medical Department of the University of the City of New-York,	143
British American Medical and Physical Journal, - - -	143
Prize Essay on Nostrums, - - - - -	143
Elements of Medical Jurisprudence, - - - - -	144
New Medical Journals, - - - - -	144
Lectures on Diseases of the Skin, - - - - -	144



FIG. I.

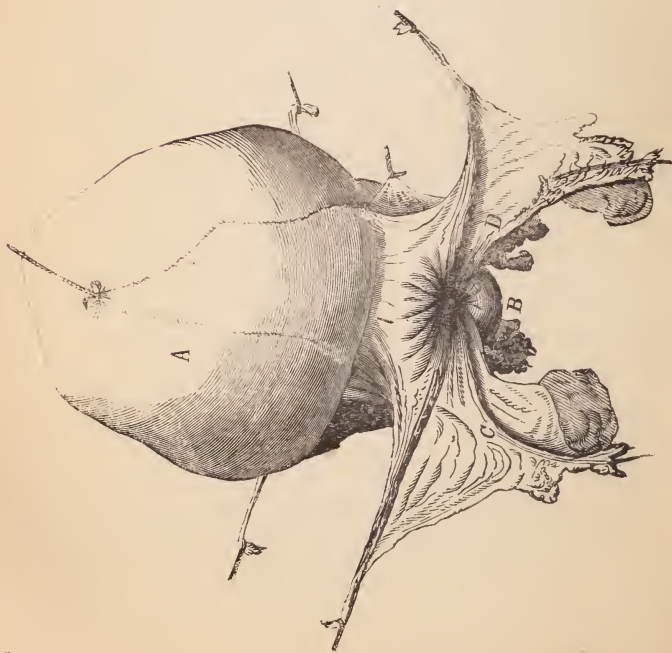
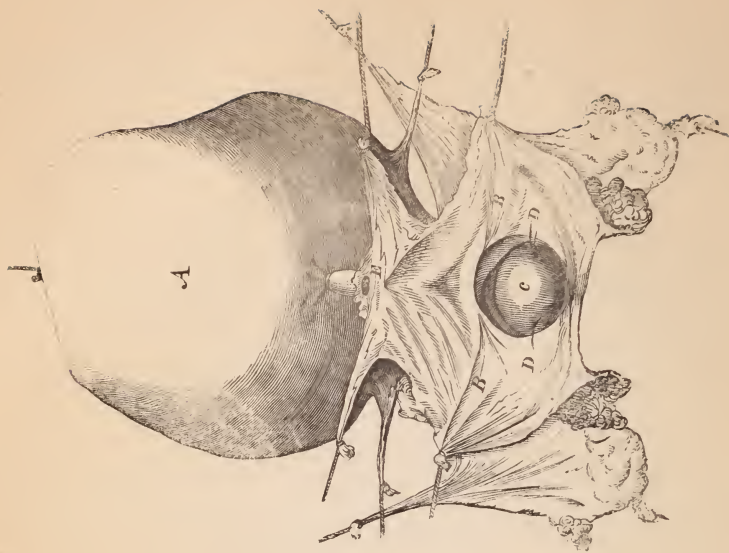


FIG. 2.



THE NEW-YORK JOURNAL OF MEDICINE.

FOR JULY, 1850.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. 1. *Case of Inversion of the Uterus—fatal at the end of a year* (with a plate). BY C. R. GILMAN, M. D., Prof. Obstetrics and the Diseases of Women and Children, in the College of Physicians and Surgeons, of N. Y.

Jan. 23, 1850. Saw Mrs. A—, and obtained the following history of her case: A married woman, aged 18 years. She was delivered of her first child one year ago—the placenta was removed by the practitioner in attendance; there was very profuse flooding, and she was very much prostrated by it—whether inversion took place then cannot now be ascertained, as the practitioner is since dead; but, from subsequent symptoms, there can be very little doubt that it did. At the end of a week, while sitting on the chamber pot. the uterus “fell from her, and hung a pendulous bag between the thighs.” It was returned perfectly, as the practitioner assured the friends. The flooding at this time was not profuse, but the prostration was extreme. From this, however, she gradually recovered, and though occasional floodings occurred at intervals, generally after some act of imprudent exertion, yet her

strength was so far restored, that she was able to walk about the house, and even in the street on one occasion, going nearly a mile. Thus the summer passed away. In the fall, hæmorrhage recurred more frequently, and the system gradually broke down, till she reached her present condition. The hæmorrhage is now present more than half the time, for though checked by cold, astringents, &c., the least exertion brings it on again. She is anemic to a degree I never have seen in a living being, excessively restless, complaining of throbbing pain in the head, pain in the left side, and often in the legs and arms—appetite very capricious, bowels irregular, temper to the last degree wayward and irritable—will not permit a vaginal examination—the parts are so sore. Prescribed anodynes in supporting and calming doses, at regular intervals—Sulph. morphiæ gr. $\frac{3}{4}$, extr. hyosciami, gum camphor aa gr. i, every four hours—an astringent suppository.

January 24. Mrs. A— more comfortable—the flowing is checked ; has slept pretty well. On vaginal examination, found a tumor the size of a hickory nut in the upper part of the canal ; crowding the finger up, was enabled to make the circuit of it, and feel distinctly the sulcus where the vaginal wall was reflected on to the tumor ; diagnosis: a perfectly inverted uterus, but of exceeding small size.

From this time the treatment was directed to the intention of sustaining and invigorating the system, that she might be able to bear the operation of removal by ligature. For two weeks I was flattered with hopes of success, but, at the end of that time, a terrible act of imprudence in diet brought on vomiting, purging, hæmorrhage, and, on the 17th February, she died.

The body was examined next day in my presence, by my friend, Dr. Isaacs, Demonstrator of Anatomy in our College. The uterus was found completely inverted ; part of the Fallopian tube and broad ligament of either side drawn into the sac formed by the external surface of the fundus uteri ; in the vagina the inverted uterus formed a tumor, slightly pyriform, hard, as large as a hickory nut, of a deep blood-red color, contrasting very strikingly with the perfect palor of the vagina and surrounding parts. My young friend, Mr. Rem-

mington, has made two very beautiful drawings of the parts; an inspection of the plates taken from which will give a better idea of the state of parts than any description. I have thought this case worthy of record, chiefly on account of the exceeding small size of the tumor formed by the inverted uterus in the vagina. All the cases I have previously examined have been many times larger. While this case was under treatment, I saw, at Tarrytown, a patient who had an inverted uterus of eight years' standing—the tumor in the vagina was quite as large as the fist. I have in the College a preparation where the uterus is yet larger—in this instance, the patient lived fifteen years. In contrast with such cases, the one above detailed is certainly very curious: here the uterus had not only returned to its normal, non-gravid size, but was even below it. I have seen but one uterus (of a mother) so small. If we were not prepared for this very small size, it might very materially embarrass the diagnosis.

EXPLANATIONS OF PLATE.

FIG. 1.—*Anterior View.*

- A. Distended bladder.
- B. Portion of inverted vagina.
- CC. Fallopian tubes.
- D. Cup-like cavity formed by the inversion, into which a portion of Fallopian tube and the broad ligaments are (as it were) drawn.

FIG. 2.—*Posterior View.*

- A. Distended bladder.
- BB. Vagina slit open.
- C. Inverted fundus of the uterus.
- DD. Hairs introduced into the Fallopian tubes, and projecting from their uterine openings.
- E. Meatus urinarius.

ART. II. *Is Asiatic Cholera Contagious or Communicable from Person to Person ?** By WM. P. BUEL, M. D.

THIS question, though often and extensively discussed, has not lost its interest, nor is it likely that it soon will. Even had we the assurance that the ravages of Cholera were for ever terminated, and that hereafter we should enjoy a perpetual exemption from its desolating visitations, still, all that is connected with a malady so fearful, and so peculiar, must ever remain a subject of interest to every inquiring mind. Unfortunately, we possess no such assurance. In regions not very remote from our own, the pestilence continues to exist, and the apprehension remains fixed in the public mind, that, at no distant period, it may revisit our own shores. The commercial interests connected with the question are vast and important. But, still higher than mere considerations of property, rise those which nearly and intimately affect the lives and health of entire communities.

The investigation of the causes of epidemics is highly important, and as difficult as it is important.

"Felix qui potuit rerum cognoscere causas,"

was never truer than in this connection.

It is perhaps not a very easy matter to approach the investigation in a spirit of entire impartiality. On disputed questions, men are but too apt to form opinions and take sides either one way or the other, and, for ever afterwards, to see but one side of the question. Like the two knights looking upon opposite faces of the same shield—one of which was of brass, the other of steel—one is ready to swear that it is a shield of brass, the other, that it is one of steel, and both ready to go to the death in support of their respective opinions. If it were necessary to empanel a jury of physicians, to render a verdict of contagious or non-contagious, there would, I apprehend, be a good many peremptory challenges, and it would be a difficult matter to find the requisite number who could approach the

* Some portions of this paper are embodied in a communication made, by request, to the Hon. C. D. Robinson, Chairman of the Medical Committee in the New-York State Senate.

question without a bias on one side or the other. And, while it is generally admitted that a large majority of medical men believe that cholera is not contagious, there are not wanting eminent and distinguished individuals, on both sides of the Atlantic, whose names are enlisted on the side of contagion.

Among the questions which relate to the causation of cholera, that of its contagious or non-contagious nature is of the highest practical importance. Admitting the existence of contagion, the absolute and indispensable necessity of quarantines and cordons sanitaires, is at once conceded. If it be true, as taught by a distinguished professor,* that maritime cities may, by a sufficiently rigid quarantine, be protected from this terrible scourge, then would such protection be cheaply purchased by any amount of expenditure, however large—by any outlay of toil and effort, however great. If the suffering and death, the desolation of many families, the anguish of countless hearts, endured in the city of New-York alone, to say nothing of pecuniary loss and damage, could be averted, by any quarantine, then not a moment should be lost in throwing around it a cordon as impenetrable as a wall of triple steel.

If, on the other hand, cholera is not contagious, never communicated from person to person, then may all the cumbersome and expensive machinery of quarantines be dispensed with. If the public mind can be quieted on this point, then would not the miserable victim of the pestilence—as has too often been the case—be deserted by his nearest relatives, and left without a friendly hand to minister to his last necessities, close his eyes, and assuage his dying agonies. Such considerations, and others of a similar character, should, however, have no weight in forming our decision. *THE TRUTH*—the TRUTH—is the great point at which we must seek to arrive.

Those diseases to which the quality or attribute of contagion is unquestionably and indisputably admitted to belong, possess and manifest this attribute in different degrees, and under various modifications. Small-pox probably presents the very highest type of a contagious disease. No person could

* See Dickson's Practice, vol. ii. p. 93.

be found at this day, though it is said such existed in former times, hardly enough to dispute its contagiousness. If an individual, at the height of the eruptive stage of small-pox, should be taken into an apartment where there were twenty or more persons, and allowed to remain among them a short time, probably nineteen out of the twenty, or in that proportion, of those who were unprotected, either by a previous attack or by vaccination, would contract the disease. There is a small proportion of persons, the extent of which cannot well be ascertained, who do not appear to be susceptible of the poison of small-pox.

The other eruptive or exanthematous fevers—scarlatina rubeola, varicella, &c.—possess the attribute of contagion as certainly, though, perhaps, not as intensely, as small-pox. In common with hooping-cough and mumps, they also have this peculiarity, that, in the vast majority of cases, they do not affect the same individual more than once in a lifetime.

There is another class of diseases generally admitted to be contagious, such as typhus fever, puerperal fever, erysipelas, &c., which do not possess this attribute, viz.: that one attack protects or furnishes immunity from a second.

There is another circumstance or truth in relation to contagious diseases, which has an important bearing upon the present discussion, viz.: that they prevail in certain seasons and years, and sometimes for a series of years, to a much greater extent than in others. This is true of small-pox. No week in the year passes, in the city of New-York, without a certain number of deaths by small-pox. Yet, in ordinary times, the disease inspires no alarm, and does not extend itself generally in the community. At other times, we see it assuming somewhat of an epidemic form, causing general alarm, and an extensive resort to vaccination and revaccination. The same remarks are applicable to scarlatina and rubeola, the extension of which is not modified or held in check by any restraining influence, like that of vaccination on small-pox. They prevail epidemically some years; other years, they almost die out and disappear. Sydenham attempts to explain these phenomena, by what he terms an epidemic influence, which, however, is merely covering up our ignorance with a cloak of words.

There is another remark, of very high importance, in relation to this discussion, viz.: that those diseases which confessedly possess the attribute of contagion, in the very highest degree of intensity—small-pox, for example—when they assume somewhat of an epidemic form, never, so far as I am aware, extend themselves over a very wide extent of country. They are epidemics in certain towns, districts, or, perhaps, provinces. They never sweep over entire continents.

With these preliminary remarks, which have extended themselves to a greater length than I intended, but to which a candid consideration is requested, inasmuch as they have an important bearing upon the argument, I proceed to the more immediate question of the contagiousness or non-contagiousness of Asiatic Cholera.

The meaning designed to be conveyed by the word contagion is, I believe, sufficiently understood, viz.: the quality or attribute, pertaining to certain diseases, of reproducing themselves, or of being communicated, mediately or immediately, from the bodies of the diseased to the bodies of the healthy. I have cited small-pox as an instance of the highest type of a contagious disease. Other diseases possess the same, in a less degree.

Whether or not this attribute belongs to Asiatic cholera, it seems difficult to account for all the phenomena connected with the spread of the disease, without presupposing the existence of another agency or influence, lying back of and behind contagion. We may freely admit our entire ignorance of the real nature and essence of this agency, as well as of its origin and source. Numberless have been the hypotheses raised to explain the existence of such an agency; but all of them are mere hypotheses, and do not rest upon the only solid basis—a basis of facts. For the sake of convenience and brevity, the terms epidemic influence, or atmospheric influence, have been applied to this supposed agency. Without, I say, admitting the existence of such an agency, it is difficult to account for the extensive and almost universal spread of the disease. In the region where it originated, and from whence it is never absent—the Indian Peninsula, and the Deltas of the Ganges—Asiatic Cholera is an *endemic* disease. For years, its ravages

were confined to this, its natal soil. Subsequently, and at three different epochs, leaving its original seat and centre, it has extended itself, westward, over Western Asia, Continental Europe, the British Islands; and, lastly, crossing the Atlantic, over a large portion of the Western Continent. On the supposition of mere contagion, it is difficult to account for the spread of the disease one year more than another. If the existence of what Sydenham, in reference to small-pox, termed an epidemic influence, be conceded, that is admitting all for which I at present contend.

The contagion of Asiatic cholera, if it do exist, must be the most peculiar of all contagions. It must possess the peculiarity of being at once the feeblest and the most powerful of all. In December, 1848, the packet ship New-York arrived at the port of New-York, with cholera patients on board in considerable numbers. For the present, I have nothing to say as to how cholera got there. It was fairly introduced into the city. One of the individuals from the ship went to a crowded and filthy German boarding house in the lower part of Greenwich-street, where were 200 persons, as fit subjects for cholera as could be found any where. This person died with cholera, in the house. One other person had the cholera, and died. The place was cleared, and the inmates were scattered in all directions. *But they carried no Cholera with them.* Another individual from the ship went to a hospital of convalescent typhus patients, in the upper part of the city, and there died with cholera. Not another person in the house had the disease. There was no more cholera in New-York till May, 1849. It had been fairly introduced into the city, and, if contagious, should have spread like wildfire. It may be said, that the occurrence of the second case in Greenwich-street, was proof of contagion. I do not admit it; but if it were true, how very feeble is that contagion which is so in the proportion of the one half of one per cent.

Again: if cholera is propagated by contagion alone, then is the contagion infinitely more powerful than any other we are acquainted with. The contagion of small-pox—confessedly the most active we are acquainted with—extends itself only over limited distances. An epidemic of small-pox seldom,

if ever, extends beyond the limits of a single city or province. Asiatic cholera sweeps over continents, and leaps, at a bound, over a fourth part of the earth's circumference. It can almost, like the conjurer, "put a girdle round the earth in forty minutes." It is therefore contended, that the doctrine of contagion supposes impossibilities.

Among the advocates of contagion, whose personal opinions should be entitled to most weight, is the distinguished President of the College of Physicians and Surgeons, Dr. Alexander H. Stevens. The Transactions of the State Medical Society for the present year, contain an able and ingenious article from his pen, in which it is argued, with much plausibility, that cholera is contagious, and that it is propagated in no other way. Attacking the doctrine of an epidemic influence, or the production of the disease by a peculiar state of the atmosphere, he observes, that it is purely hypothetical, "being imperceptible to the senses, and giving no evidence of its existence by statical, chemical, or medical tests, or, indeed, in any other way than by the causation of cholera." This is certainly a very summary method of disposing of the matter; but I would respectfully inquire whether we are to deny and repudiate the existence of every agency which is not perceptible to the senses, and which cannot, in the present state of science, be detected by any statical, chemical, or medical tests? Would not this lead us to deny the existence of the means which produce intermittent and remittent fevers, since this cannot be detected by the same tests? Nay, more: should we not be compelled to deny the existence of the human soul, or, aside from revelation, of the Deity himself? It is contended that every effect presupposes the existence of an adequate cause, and that, as we cannot explain the existence and spread of cholera, simply by contagion, we must admit the existence of an influence or agency beyond—call it by what name we please. Nor is it any argument against this supposition, that we confess our ignorance of its nature and essence. Of the nature of the influence which produces epidemic influenza, with which epidemic cholera has striking analogies, we are equally in ignorance.

There is a class of facts, on which great stress is laid in

establishing the doctrine of contagion. These are principally the circumstance that cholera frequently makes its first appearance in seaport towns and cities, simultaneously, or nearly so, with the arrival of vessels with cholera on board, and appears to extend as from a common centre. This was the case in New Orleans, at the commencement of the epidemic of 1848-9. This was also the case in the celebrated instance of the outbreak of cholera at Folly Island, in 1832. There are very numerous instances of a similar character; taken by themselves, they wear an aspect of great plausibility in favor of contagion. Except, however, upon the principle of *post hoc ergo propter hoc*, they cannot be regarded as by any means conclusive evidence, but as standing only in the light of simple coincidences, and not at all of cause and effect. For were every instance of apparent contagion to be culled from the history of epidemic cholera, in all countries, and all seasons wherein it has prevailed, an equal or far greater number can be produced in which no such coincidence existed, and no possible contagion can be traced. The whole story of cholera in the packet ship New-York bears strongly against contagion. Except by the supposition of the opening of a Pandora's box in the shape of some imaginary chest of old clothes, no mortal has, on the principle of contagion, ever been able to account for its existence. And when its living cargo arrived in port, and found their way in numbers into our streets and dwellings, why did they not act as carriers of contagion in every direction, and spread pestilence through the entire city? Or was the contagion dormant, and in the state of incubation till May following, when it broke forth at No. 20 Orange street, on the Five Points, though no connection between cholera there, and pre-existing cholera elsewhere, has ever been alleged to exist? As already remarked, the contagion of Asiatic cholera must be the most remarkable and peculiar of any in existence. Its law of operation, contrary to that of gravitation, would seem to be not inversely, but directly, as the squares of the distances, and like the infinitesimals of Hahne-man, the greater the degree of dilution, the more potent the effects.

However plausible may be some of the supposed instances

of contagion, they all, I think, admit of satisfactory explanation, without a resort to this hypothesis. One important fact is not to be lost sight of. The occurrence of one case of cholera in a community or neighborhood, or in a public institution, such as an alms-house or hospital, may, without any contagion at all, operate as a strong exciting cause for the occurrence of others. It is well known, and universally admitted, that fear and terror, and the depressing passions, generally exercise a mighty influence in developing the disease. It is related by Hecker, in his History of the Black Death of the 14th Century, by many supposed to be identical with cholera, that fear destroyed as many as the pestilence. And when in our own day the tidings spread through any community that that fearful pestilence, before which "all faces gather paleness," and which has strewn the world with corpses, has arrived in their midst, the alarm and excitement are intense, and have no small agency in developing the disease. The ghastly appearance of the victims, the nausea and disgust occasioned in those who witness the alvine discharges, and all the different symptoms in a case of cholera, co-operate strongly in this result. It may be objected that cholera, and no other disease, is reproduced. True: because the choleraic influence was there and every where. Like an invading army, it had given warning of its approach, by out-posts sent in advance, in the shape of diarrhœas and bowel complaints.

Again, it is urged in favor of contagion, that cholera follows large rivers, and the great channels of intercommunication; it follows, also, the march of armies, as in the Black Hawk war, in 1832. Undoubtedly, cholera goes where it finds material to feed upon; where masses of men are congregated; in camps and armies; in crowded cities, and great marts.

Time would fail, and volumes be required, to examine in detail a tithe of the facts, or supposed facts, which have been adduced in evidence, on both sides of this question. After much personal observation in three epidemics; and after having read extensively on the subject, the convictions of my own mind are complete, that Cholera is *not a contagious*

disease. It were most devoutly to be desired that this conviction were universal, for then would the pestilence, as already remarked, lose half its terrors ; and by the removal of one of the most powerful of the predisposing causes, the totality of its victims be immensely diminished.

I shall state very briefly some of the reasons which, to my own mind, appear conclusive on this point.

Cholera pervades, almost simultaneously, entire continents, and a great portion of the earth's surface. It does not spread with any thing like regularity from point to point ; but now advances, now recedes ; leaping over some places entirely, and appearing in distant and remote places. This is not the case with small-pox, and other confessedly contagious diseases. They prevail in some seasons and places more than others, but never pervade entire continents.

Cholera requires, for its germination and development, a certain elevation of temperature, and various co-operating causes, such as filth, dampness, intemperance, a malarious atmosphere, the depressing passions, &c. Even in communities where it is most rife, the great majority who observe proper hygienic rules, escape an attack, though constantly exposed to the contagion, if any exist. Is this true of any other disease admitted to be contagious ?

It is very remarkable, that in the five Cholera Hospitals opened in New-York, during the recent epidemic, there was not among all the physicians attached to them a solitary death by cholera, though attached to each hospital there were several medical attendants day and night in the hospital, eating, drinking, and sleeping there. How can such a fact be compatible with the idea of contagion ? It is true, that among the non-medical attendants, a number sickened and died. In the two hospitals which were under my charge, viz. the Centre-street and 35th-street, it is within my own personal cognizance, that every such instance occurred either among intemperate persons, or after gross errors in diet. There were a few attendants, whom I knew to be strictly temperate : in every instance, they passed through the epidemic unscathed. Among the hundreds of physicians not connected with hospitals, many of whom were engaged daily

in attending cholera cases, continually inhaling the exhalations from the alvine discharges, and from the bodies of patients during life, and in autopsic examinations after death, the number of instances of sickness and death from cholera was surprisingly small. The ratio of mortality among physicians hardly exceeded that among any other class of the community.

One of the strongest arguments against contagion, is the fact, that no quarantine, however rigid, no cordon sanitaires, however strong, have been able to interrupt or impede the march of cholera. It laughs to scorn all such agencies, even when backed, as they have been, by millions of bayonets. "*Sedet atra mors*" still remains true.

There is one view of the subject yet remaining to be considered; and that is what is sometimes called "Contingent contagion." The doctrine is maintained by some, that, although the attribute of contagion does not belong universally to cholera as to some contagious diseases, yet, under certain circumstances and contingencies, it assumes this property. This idea appears to have been advanced for the purpose of accounting for, and explaining, certain phenomena which seemed to savor strongly of contagion. It is my belief, that all such instances may be completely and satisfactorily explained, without resorting to this idea. When we have one cause amply sufficient to account for certain results, it is contrary to the rules of sound philosophy to invoke the aid of a second.

In bringing this paper, already too long, to a close, I may be permitted to remark, that the field to be surveyed is very wide and extensive; I do not pretend to have occupied more than a very small portion of it. The accumulation of facts bearing upon the subject is very great. Thoroughly to sift and analyze them, would require much time and extensive research. It is to be fervently hoped and desired, that the true solution of a question, certainly of exalted interest and importance, may ultimately be attained. I have thrown together, in the following propositions, the amount of what I consider our present knowledge on the subject:—

1. The ultimate, remote, or essential cause of Asiatic

cholera exists in an agency extensively diffused through the atmosphere, of whose real nature and essence we know nothing; and which, in the present state of science, is inappreciable to any tests we are able to apply.

2. This cause operates on the entire community in every place where cholera is existing; but that certain collateral and co-operating causes are essential to its development, viz.:—bad air, bad food, intemperance, pre-existing diarrhœa, or other disease; and, in fine, whatever causes depress and weaken the vital powers.

3. Cholera is under no circumstances contagious or communicable; and persons immediately in attendance upon, or in contact with, the sick, provided they strictly observe the necessary rules of hygiene, are in no more danger of contracting the disease, than other persons in the same locality.

372 Fourth-street, May, 1850.

ART. III. *Report of Surgical Cases occurring in the New-York Hospital.* By FREDERICK D. LENTE, M. D., Resident Surgeon.

Hydrocele cured by an accidental rupture of the Tunica Vaginalis.—William Marshall, 38, New York, boatman, was admitted into No. 9 of the second surgical division, July 26th, 1849, with a hæmatocele of the left side of scrotum, as large as the double fist, the integument of tumor being smooth, somewhat tense, and of a deep purple color, little or no pain, except from its weight. Patient gives the following history of his case: That about eighteen months ago, a swelling commenced in the left side of the scrotum, and at the lower part, without any obvious exciting cause; had had a gleet, which disappeared a short time before the swelling commenced, has never experienced any pain in the tumor from the beginning. The enlargement went on gradually increasing from below upwards until it reached the external abdominal ring, and was as large as patient's double fist; still went about his business and had no treatment, the tumor giving but slight inconvenience. Two days ago, while wrestling with a fellow boatman, he received a violent blow on the tumor from the knee

of his adversary, which at first gave severe pain ; this soon subsided, as did also the swelling to a considerable extent ; subsequently, however, that is, in a few hours, the tumefaction increased, until it attained its present size ; it presents now all the characteristics of a hæmatocele ; the diagnosis is, therefore, that the disease was a hydrocele, which was converted into a hæmatocele by the accidental rupture of the tunica vaginalis. Treatment ordered : Rest in bed—the tumor to be kept as elevated as possible, and to apply the ordinary evaporating lotion ; low diet.

August 1st. The tumor has diminished about one third, and the ecchymosis is disappearing. Continue treatment.

August 4th. The tumefaction has almost entirely disappeared, and patient is to-day discharged cured.

An accidental blow thus effected, in a few days, what would have required weeks, perhaps months, under ordinary surgical treatment ; a few similar cases are on record. Two are reported in the 2d Vol. of the London Lancet for 1842–43. One occurred to a sailor of a French ship-of-war ; the sac was ripped open with a knife in a drunken combat ; “the wound healed on the fourteenth day,” and there was no recurrence of the serous effusion, so that the blow which was aimed at his life, restored him to health. The other instance happened to a Hindoo, whose hydrocele, which was immense, was punctured by the thrust of a bayonet in the hands of a Sepoy. “The Hindoo had the happiness, some time afterwards,” says the reporter, “of thanking the Sepoy for the cure of his hydrocele.”

Case of wound of Abdomen and Intestines.—William Wilson, 20, New-York, waiter, was admitted into ward fourteen of the first surgical division, April 30th, 1850, with a wound of the abdomen on the left side, an inch in length, situated about two inches above Ponpart's ligament, and somewhat nearer to the ant. supr. spinous process of the Ilium than the spine of the pubes,—protrusion of a foot or more of the small intestine, and of a quantity of omentum ; a wound of the mesentery, three quarters of an inch in length, and two wounds of the intestine each about two or three lines in length,

and situated on opposite sides of the gut, at a distance of three or four inches from each other. The hæmorrhage had been quite free from a vessel of considerable size in the wound of mesentery, from a vessel in each wound of intestine, and from some smaller vessels; there was also extravasation of blood in several places beneath the serous coat of mesentery and intestine. The injuries were produced just before admission by a stab with a dirk knife, which was accidentally inflicted. Upon admission, patient was suffering severe pain in the region of the injury, but was otherwise in a much better condition than could have been expected under the circumstances. Treatment: Cleansed the intestines of coagula, &c., with warm water; tied the bleeding vessels in the mesentery and intestine (three ligatures were required), put two sutures in one wound of the intestine and one in the other, taking care to bring serous surfaces together; cut off the threads of ligatures and sutures close. The omentum was next returned into the abdomen, and then the intestine; the latter required a good deal of time and a good deal of free manipulation, owing to the smallness of the wound and the quantity of protruding intestine. It was, however, finally effected without the aid of the knife, with immediate relief to the severe pain which patient had been suffering. Owing to the wound in the integuments not corresponding with that of the abdominal muscles, it was found extremely difficult to include the latter in the sutures of the external wound without also including the peritoneum; the needle was therefore only passed through the integument and the external oblique muscle; two sutures were used. A compress was then applied and confined firmly by broad straps of adhesive plaster, a large anodyne was administered, and patient enjoined to confine himself to the supine position in bed with the left thigh supported in a flexed position upon the trunk with a doubled pillow; the anodyne to be repeated if necessary. Fomentations to the abdomen.

May 1st. After taking sol. morph. Majend. m. xxv, patient slept well all night; feels quite comfortable this morning, complains of a slight flying pain about the umbilicus; no pain on pretty firm pressure over the abdomen; pulse natural. Dr. Hoffman, the attending surgeon, saw the patient at this time,

and directed venesection to approaching syncope, to be followed immediately by $\mathcal{R}$ Cal et Opii āā gr ij m , and to take pil. Opii et Cal $\text{gr i a gr ij q. 4. h.}$; very low diet. Continued fomentations. $\mathfrak{zxx}$ of blood were rapidly abstracted from the arm, when the desired effect was produced.

May 4th. There has not been a bad symptom—not the slightest pain on pressure; has been more or less under the influence of the opium since admission; gums are slightly touched. Complains of thirst. Ordered Haust. Efferves, and Ice. To take pil, q. 6. h. Has taken only a little arrow-root.

May 6th. Doing well: wound has united by first intention; allowed a little beef soup at dinner. Stop pills.

May 7th. Had a natural passage from the bowels to-day.

May 13th. Patient has been going about the ward for the last two days, and has been taking the ordinary diet of the house; he is to-day discharged cured.

Though cases of recovery from serious wounds of the cavity of the abdomen do occasionally occur, such a result is not to be expected; fatal peritoneal inflammation almost inevitably occurs; it is of the greatest importance, therefore, to avert this, if possible, by appropriate remedial means. The above case illustrates the value of the preventive or anticipative treatment.

Fracture of both extremities of Radius with dislocation of its head.—Thomas Jenkins, the subject of this accident, was admitted into ward seven of the first surgical division, February 5th, 1850, having fallen, a few hours before admission, from the roof of a building to the ground, a height of thirty feet. Both bones of the *right* fore-arm were dislocated backward at the elbow, the *right* radius had also sustained a comminuted fracture of its head and of its lower extremity, the head being completely detached from the articular surface of the os brachii. Besides this injury, there was a fracture of the coronoid process of the right ulna, a comminuted fracture of the *left* radius, fracture of *left* ulna, compound fracture of right patella, and compound fracture of skull at the base and

above it, with laceration of dura mater and brain, under which injuries patient soon expired.

Fractures of either extremity of the radius are common enough, especially of the lower, but the simultaneous fracture of both extremities is rare; and, accompanied with dislocation of its head, is what we could scarcely expect from the application of any violence.

Case of compound fracture of Clavicle.—Andrew O'Connell, æt. 23, Ireland, laborer, was admitted into the first surgical division of the Hospital, August 5th, 1848, with the above injury of the left side, caused by the fall of a "deryke" upon him. There is a laceration of the soft parts, about two inches in length, just below the clavicle, about midway between the median line of body and the shoulder. The finger, introduced through this opening, can be swept around in a quite extensive cavity; when directed upward, the extremity of the outer fragment of the clavicle is distinctly felt, projecting downward and inward; the end of the inner fragment pointing upward and outward; the two portions ride by each other to the extent of an inch or more. The pleura does not appear to be injured, though patient complains of pain in the left side of chest upon taking a full inspiration. There is emphysema of the left side extending around, below the axilla, posteriorly. The swelling is considerable. Accident happened twenty-four hours before admission.

Treatment. Opening closed by sutures and adhesive straps; cold applications. Spts. Mind. ʒss g. 2 h.

August 7th. Heat of skin and frequency of pulse have subsided.

August 10th. Union by first intention has failed—sutures removed; wound dressed with the Peruvian ointment.

September 15th. Several pieces of bone have been discharged from the wound since last date. Union of fracture is firm; wound nearly healed.

October 1st. Only a very small opening remains, through which a small spicula of bone is occasionally discharged.

The above is probably the only instance of compound fracture of the clavicle on record, with one exception.

A case is related at p. 382 of vol. 2 of the London Medical Gazette. It occurred at St. Bartholomew's Hospital. The patient was a boy, æt. 14, and was injured by having been accidentally drawn among machinery while in motion. The case is rather loosely drawn up, and, though headed "Compound fracture of the Clavicle," no mention of its being compound is made in the report, which merely states that the "bone of the clavicle was exposed, and fractured in two places." Was it exposed at the seat of fracture? There was considerable emphysema, and patient suffered from an inflammatory attack, but subsequently recovered.

Contusion of Abdomen ; laceration of intestine ; hernial protrusions.—James Cunningham, 35, Ireland, was admitted into the first surgical division, May 25th, 1850, at three and a half o'clock A. M., having received an injury at the fire in Front-street, about two hours previous. Was upon the third floor of a building, when it gave way, carrying him with it, and imprisoning him among the timber and rubbish ; was extricated as soon as possible by the firemen, and brought to the hospital. Upon admission, was in a state of great prostration, with a cool skin, frequent and feeble pulse, and excessively anxious countenance ; was very restless, and vomited every five or ten minutes ; had been vomiting before admission ; mind clear ; complained of excessive pain across the *upper part* of the abdomen, and in either groin, where, upon examination, two tumors, having the appearance of bubonocèles, were observed ; the slightest pressure upon these caused severe pain, yet there was neither tension nor redness. Neither tumor extended into the scrotum, and very moderate pressure upon the left caused it to disappear without any gurgling or *sudden* yielding ; it immediately returned upon removing the pressure. The tumor in the right groin, which is twice the size of that in the left, is diminished about one half by moderate pressure, but cannot, like the other, be completely returned. No gurgling. There is no particular external mark of injury about the abdomen. Some brandy had been administered by a physician previous to admission. Patient has never been troubled before with hernial protrusions.

Treatment. Introduced the catheter, and drew off about xxii of highly colored urine. Covered patient warmly in bed, and administered a little iced brandy and water; applied sinapism to epigastrium, and fomentations to abdomen. The stimulants were immediately rejected; a large anodyne was then given, and ordered to be repeated if necessary. Nine o'clock A. M. Patient has been somewhat more quiet since the anodyne was given; vomiting continues at intervals; pulse rather better. Ordered Acid Hydrocyanic, in gtt iss doses, every half hour, in connection with other means to check the irritability of stomach. One o'clock, P. M., about the same; vomits less, but suffers from excessive pain across the upper part of abdomen; the original tumors have diminished in size. Has taken three large anodyne draughts, but has obtained no sleep. Ordered a common enema. This brought away some fæcal matter; within half an hour he had another passage from the bowels. Lingered until two o'clock on the morning of the 26th, when he expired.

Autopsy—thirty-two hours after death.—There is a profuse bloody discharge from the mouth; there were also fluid fæcal discharges from the bowels at the moment of death, and afterward. The abdomen is tense, and tympanitic; no external mark of injury whatever. The inguinal tumors still exist, but have diminished in size considerably, the left especially. Dissected off the layers composing the abdominal walls separately; there was a slight effusion of blood in the cellular tissue of the right groin; but no injury of either of the broad muscles, which were carefully raised; having done this, a hernial protrusion, about half the size of a hen's egg, was seen; it was quite tense, and, apparently, contained only air. Its layers were separately divided and dissected off; it was then laid open, and found to contain only fetid gas and bloody serum, which readily flowed back into the abdomen. The finger could be introduced into the cavity of the latter through the internal ring without the least difficulty, showing that no stricture could have existed. The tumor in the left groin was found by dissection to be precisely similar to that in the right; here, however, there was no extravasation of blood, but considerable serous effusion, extending upon the pubes, and over

to the right of the median line. Upon laying open the abdominal cavity, and examining its contents, found the ilium torn completely across at a distance of a foot and a half from the caput coli; for the extent of three or four inches on either side of the laceration, the intestine was of a dark mahogany color; and to the same extent, the mesentery was stripped off from the intestine, leaving the lacerated ends floating at a distance from each other in the peritoneal cavity. The latter contained about two quarts of bloody serum. No marks of previous disease of the intestine. No other internal injury. The abdominal organs all presented a healthy appearance, except the *Liver*, which was of a bronze color, and slightly contracted. Thoracic organs healthy.

Rupture of the intestines from a sudden blow with the fist, or a club, or by a kick, is not a very uncommon injury, and sometimes a very slight blow upon the abdomen, when its muscles are entirely unprepared for it, will give rise to serious laceration of the intestine; but we should scarcely expect an injury like that described in the above case from a general contusion of the abdomen. As to the herniæ, they were supposed before death to be ventral, both from the nature of the injury and the facility with which they could be returned, but the autopsy showed that they were not. How were they produced? No intestine was found in the sack after death, and there was no indication of any during life, yet the peritoneum must have been forced through the inguinal canal by the intestine, which afterward readily receded in consequence of the absence of constriction dependent on the relaxed condition of the system. The intestines were probably nearly empty at the time the injury was received, as it was at midnight.

ART. IV. *Extracts from the Report of the Proceedings of the New-York Pathological Society.* (Selected and prepared by Committee of Publication.)

Aneurism of the Arch of the Aorta; death from rupture into the trachea. By W. H. VAN BUREN, M. D.

EARLY in the month of Dec., 1849, I was called to see Mr. —, a thin spare man, 51 years of age, laboring under a severe attack of general Bronchitis, attended with an unusually harassing cough. I learned that the patient, whose habits were sedentary, had generally enjoyed good health, with the exception of a cough during the past year. A few days before the present illness, which was attributed to exposure to the night air, during an alarm of fire, he coughed up what seemed to be, according to his wife's account, a "*mass of flesh*" as large as the last joint of the little finger. During ten days, his symptoms continued so severely, that the issue was very doubtful; the pulse ran up to 116, and the respiration was sometimes as frequent as 60 in the minute. He was always more easy in the erect position, and the cough would almost always recur with extreme severity on his lying down; consequently he would frequently doze for hours in the sitting posture, leaning forward on a chair or pillows. There seemed to be some constant cause of irritation about the throat, so much so that Dr. Metcalfe, who saw him with me about this time, discussed with me the probability of the existence of an aortic aneurism pressing upon the trachea. His chest was examined with this idea, although his condition would not admit of any thing like a thorough exploration, and nothing but the signs of general and intense Bronchitis was elicited. From this condition he gradually recovered; the expectoration, which was scanty and raised with difficulty, becoming profuse and purulent in appearance, and occasionally streaked with blood. This continued in some degree, with occasional cough, during the succeeding three weeks, in which time he resumed his ordinary business, which was chiefly at the desk, and gained flesh rapidly. At the end of this time, however, an unfortunate exposure to cold

brought on a return of all his symptoms, and during the succeeding fortnight his condition was again exceedingly critical. Under the use of sanguinaria, carbonate of ammonia, opium and wine-whey, with generous support in the way of diet, he again recovered, although the cough continued to be troublesome, and the expectoration almost always streaked with blood. At this time, as heretofore, his pulses were natural, uniform, and equal in either arm.

On the night of the 12th February, without any exciting cause, he was suddenly taken with profuse hemorrhage from the lungs, and in the course of a very few minutes, lost about xxx of blood; whilst in a half-fainting condition the bleeding ceased, and in a few days he seemed again to be as well as usual, although the sputa were more than usually bloody.

He took aromatic sulphuric acid in cold infusion of wild-cherry bark at short intervals; nourishing food with cold drinks, and was subjected to absolute rest.

On the 18th February, the hemorrhage again recurred without any apparent cause to the amount of about zviiij ; he fainted, and it ceased. The blood, as before, was bright red, and coagulated rapidly.

On the 21st he was as well as usual, and sitting up. Towards evening, whilst walking from his chair to the bed, the bleeding came on again suddenly and profusely, he fell on the floor, and when I saw him in a very few minutes after, he was dead. There were at least xxxiv of blood scattered around the room.

Post-mortem, 24 hours after death—assisted by Dr. Metcalfe.—Emaciation. Slight cadaveric rigidity. Contents of thorax only examined. Left lung unusually large, presented slight pleural adhesions. On being laid open the superior half of the organ was perfectly healthy, but throughout the inferior half, more or less, the air cells were distended with coagulated blood. On the right side there were extensive and very strong adhesions, amounting to almost entire obliteration of the pleural cavity. The lung was much smaller than the other, and was at some points partially solidified, as from compression; otherwise healthy.

During the examination of the lungs it was discovered that

the arch of the aorta was in an aneurismal condition, and firmly attached to the trachea; these parts, with the heart, were therefore removed together. On subsequent examination, the heart, with the pericardium, were found to be perfectly healthy. The aorta, from its commencement to the end of the arch, was uniformly enlarged to about double its normal calibre; its coats were thin, and lined internally by patches of earthy deposit. The aortic valves were healthy in structure, although insufficient—from the increased diameter of the artery at its commencement. Posteriorly, the arch of the aorta was firmly attached to, and consolidated with the trachea, over a space nearly an inch in diameter. On laying open the trachea from behind, about 1 1-2 inches above the bifurcation of the bronchi, a nodular protrusion, the size of a filbert, was seen encroaching upon its caliber, at the spot where it was adherent to the aneurism. On the summit of this little elevation were two ulcerated openings communicating directly with the cavity of the aneurism. These openings were found to be partly blocked up by coagula, evidently of long standing, some of which were found in the cavity of the aneurism surrounding the ulcerated opening and attached to its edges, but none elsewhere.

Remarks. In connection with this case I would remark, that this is the second instance in which I have seen aneurism of the arch of the aorta terminate fatally by bursting into the trachea. (I submit both specimens to the Society at the present time.) The symptoms in the former case were very similar to those just related; orthopnæa, harassing cough, intercurrent bronchitis, and sudden death from profuse hemorrhage.

It is worthy of remark, that in both of these cases the aneurismal dilatation is inconsiderable, compared with what we frequently encounter in the same locality, and that the physical evidences of the existence of aneurism were obscure.

CASE 2d. Post Pharyngeal Abscess—Death from exhaustion.—Dr. Van Buren also exhibited a specimen of post pharyngeal abscess, taken from a child, aged six months. When he was first called to see it, he found it laboring under great difficulty of breathing, and a diffused swelling under the angle of the jaw of the right side. The infant was very feeble, and nursed

with a good deal of difficulty. There was no evidence of fluctuation in the tumor. Stimulants were administered. At my subsequent visit, the difficulty of breathing had increased, and, shortly after, death ensued; produced mainly by exhaustion. Tracheotomy was thought of, but believing that no relief would be likely to result from such an operation, the thought of it, in this case, was abandoned, mainly on the ground that suppuration was suspected at the top of the larynx.

Post-mortem examination.—The integuments and fascia were dissected away from the side of the neck; when there were seen passing over the tumor, the primitive carotid artery, jugular vein, decendens noni, and hypoglossal nerves. The tumor was found to pass behind the larynx and pharynx, and was inclosed in a dense cyst, lying on the bodies of the cervical vertebræ, and in contact above with the basilar process of the occipital bone. On the posterior aspect of the sack of the abscess, can be seen a part of the longus colli muscle; and on the anterior wall of the same, on the pharynx, epiglottis, and rima glottidis, flattened, but in appearance perfectly healthy.—*Feb. 13, 1850.*

Cases illustrating the Pathology of Cancer. By J. A. SWETT, M. D.

CASE 1. *Carcinoma of the Stomach.*—An Irishman, aged 50 years, entered the New-York Hospital Feb. 9th. He had been complaining five weeks, and principally of pain in the epigastric region. He was pale, emaciated, but free from fever. He had vomited occasionally; his appetite and digestion were tolerable; bowels constipated. On examination, a tumor was felt in the left epigastric region, convex edge, sharp, hard, and well defined, and granular; this edge could neither be traced under the false ribs, nor beyond the median line; the centre of the epigastrium was full and tense, with a good deal of tenderness.

The patient died about three weeks after admission. He hardly vomited at all, and digested simple food tolerably well. The pain in the epigastrium continued, and was at times lancinating.

On post-mortem examination, the right $\frac{2}{3}$ of the stomach was found degenerated into cancer, involving the whole substance; internally along the lesser curvature, a blackish slough was seen, extending to the muscular coat; pylorus not contracted.

Cancerous tubercles in the liver, lungs, spleen, lymphatic glands of abdomen, and under the peritoneum.

CASE 2. *Carcinoma of Stomach*.—A German sailor, aged 53, admitted to the New-York Hospital, Oct. 13, 1849. Was attacked, three and a half months ago, with pain in epigastrium, and vomiting soon after eating, which was followed by relief. For some time past, has retained nothing on his stomach longer than twenty or thirty minutes. Lancinating pain, extending from the right portion of the epigastrium, and radiating over the whole abdomen; pain occasionally in right shoulder. Is much emaciated; countenance pale, sallow, pinched; no fever; abdomen contracted, except in epigastrium, where it is full and tense; no distinct tumor. Bowels very constipated; vomits every thing he swallows, and, besides this, a large quantity of dark brown acid, bad smelling, grumous, pasty matter. He died on the 28th. The pyloric extremity of the stomach adhered firmly to the liver. The coats of the stomach, for a considerable extent above the pylorus, had undergone the cancerous degeneration. The orifice was contracted, so as hardly to admit the end of the little finger. The liver contained numerous cancerous masses; other organs healthy.

CASE 3. *Cancerous Testicle*.—This case and specimen was presented to the New-York Hospital Museum, by Dr. Trask, of White Plains. A German, 30 years, laborer, received a blow on the testicle with a crow-bar. This was followed by a swelling, which in two weeks had attained the size of a young child's head. Surface irregular, lobulated, varicose veins running over it; sense of fluctuation in portions, and in one spot a feeling of gurgling; the surface hot and painful; skin in portions red; spermatic cord not affected. The tumor was first examined on 10th Aug., 1849.

About the last of Aug., symptoms of pneumonia, affecting the lower portion of the left lung, ensued, followed by hemor-

rhage. The patient sank more rapidly after this occurrence, and died on the 5th of October.

The tumor weighed 6lbs. 6oz. It was the encephaloid degeneration. The mesenteric glands were affected. The whole left lung, except a small portion at the summit, had undergone the cancerous degeneration; encephaloid, and numerous deposits were found in the right lung.

CASE 4. *Carcinoma of the Tongue*.—A German, aged 22, clerk, entered the New York Hospital, Oct. 14, 1849. Four months before this, a small indurated ulcer appeared on the left side of the tongue, about half way between the apex and base; it was not attended by much pain, but continued to enlarge. Other small indurated tumors appeared on the tongue, and the organ increased in size. It is now ulcerated entirely around the left margin, and to a considerable extent anteriorly, and to the right. Deglutition and articulation are considerably interfered with. The ulceration continued to extend, and the ulcerated surface assumed the appearance of wet crumbs of bread; submaxillary and lymphatic glands of neck enlarged. Repeated hemorrhages ensued, coming from a source beyond the range of vision. The patient died suddenly, about seven and a half months after the disease was first noticed.

The anterior $\frac{1}{3}$ of the tongue was destroyed by the cancerous degeneration, and the disease had burrowed downwards and backwards to a considerable extent. The parts diseased resembled in appearance a boiled cauliflower. The entrance to the larynx was much contracted, and this may have been connected as a cause with the sudden death.

Case of extensive gouty deposit in the joints.—A boatman, aged 45, entered the New-York Hospital, Dec. 28, 1849. He had been a temperate man, and inherited no tendency to gout. The affection commenced about nine years ago, first in the ankles, with painful red swellings, gradually subsiding, and leaving the afflicted joints enlarged. Now there is a most remarkable deposit of lithate of soda about the joints of the fingers, wrists, elbows, knees, and toes. The patient is pale and feeble, with a weak digestion, a tendency to diarrhœa,

urine pale, without sediment, and s. g. 1012 quantity below net standard, and containing traces of sugar. The patient gradually sank, and died with pneumonia.

The hand exhibiting the condition about the joints, and portions of the same matter, in a solid and semi-fluid state, taken from the subcutaneous cellular tissue, were exhibited.

March 13th, 1850.

Case of latent or masked Peritonitis. By Prof. A. CLARK, M.D

The kidney and lung here presented, were taken from the body of a young man, aged 23 years, who had suffered with the ordinary symptoms of albuminaria. There was nothing remarkable presented in his case until a few days previous to his death, when he was seized with a severe diarrhœa. Twenty evacuations were reported to have occurred in a night, of a thin yellowish fluid, with a slight feculent odor. From the effects of this diarrhœa, the patient became almost collapsed. Opium administered *per os et anum*, however, controlled the diarrhœa. Next day, he was supposed by some to have cholera: there were no cramps or vomitings; there was no pain;—he could lie on or turn from side to side;—there was no tenderness of the abdomen; bowels were tumefied; there was some evidence of fluid in the peritoneal cavity; but this existed with the previous disease. He was put upon the use of stimulants, which were actively administered; but he continued to sink, and very soon died.

Post-mortem examination revealed that he died of peritonitis. The symptoms of peritonitis are not often as obscure as in this case. The disease is merely called latent, because none of its characteristic symptoms are apparent. In this kidney, you see a perfect specimen of what occurs before the granular stage in Bright's disease. The ground of it, as will be seen upon examination, is, so to speak, specked, and of the color of the skin. The two kidneys were much enlarged: they weighed xx. oz.—natural size, xiv. oz. As will be perceived, they are firmer than usual, and the corticular substance has not been encroached upon by the tubular. It is a fine specimen of the middle stage; that which occurs after con-

gestion, and before that of granulation, in Bright's disease. There was found in one lung two cancerous deposits: the existence of these had not been suspected during life. In the substance of the liver, there were found several small cancerous tumors: these, externally, were hard. There was no cancerous deposit upon the surface of this organ.—*March 13th, 1850.*

Case of death from Obstruction of deep Jugular Vein, caused by pressure from Enlargement of Lymphatic Glands. By J. T. METCALFE, M. D.

James Townsend, a stout, healthy child, twelve months old, was attacked with measles, on the 18th February, 1849.

The disease was very mild, and the child made scarcely any complaint, until Friday, the 22d, when the mother observed that he commenced to cough, at intervals, was somewhat restless, and that he complained of pain when the right side of the neck was pressed. She administered a dose of castor oil, made friction with goose-grease, and kept the throat wrapped in flannel until Sunday, the 24th, when the pain and swelling of the neck having increased, and fever having supervened, I was sent for.

At this time, there was slight febrile reaction; the child was restless, and there was a good deal of pain on pressing the right side of the neck, over the swollen lymphatic glands. The mother stated that the patient had been very thirsty the night before; that there was no difficulty in swallowing, and that he had scarcely slept at all.

Nauseating doses of syrup of ipecac, and friction with camphorated oil, were prescribed. This treatment was continued during Monday and Tuesday, without much apparent change in the child's condition. On Wednesday morning I ordered the neck to be poulticed, and a laxative to be given. On Thursday afternoon the father came to let me know that the boy was somewhat worse, and that his breathing had become more difficult. Thinking that surgical interference would probably be necessary, I requested that Dr. Van Buren might join me, at my visit. We saw the patient at half-past

6 P. M. The breathing was laborious; the face flushed and swollen; the pulse 160. The tumefaction of the neck had greatly increased since the evening before. There was œdematous feeling on pressure, but no distinct fluctuation over the right side of the neck. The swelling extended from the clavicle, on this side, to the vertex. There was, occasionally, a short, dry cough, and the child had been restless during the day.

Ordered the poultice to be continued, an enema of catnip tea and molasses to be given, and, if there should be a necessity, on account of restlessness, ten or fifteen drops of paregoric. The child's condition did not improve during the night. The dyspnœa increased, and about 6 o'clock on Friday morning the father observed the eyes to become fixed. He soon became comatose, and died at half-past 6 A. M.

Inspection at 10 A. M. The body was remarkably livid, especially over the thoracic and abdominal regions. The tumefaction and œdema of yesterday evening remained unchanged. On raising the skin of the right cervical region, the whole of the subjacent parts were found to be firmly matted together by fibrous effusion. A little serum also flowed out, on incision. The sterno-mastoid muscle was raised, and put on the stretch, by several large lymphatic glands extending from the clavicle to the styloid process of the temporal bone. The fibrous effusion also existed here, so as to glue the glands firmly together. When the deep jugular vein was pressed upon, was found a clot of fibrine, obstructing the flow of blood in this vessel. There was no fluid pus visible, on incising the glands. On examining a portion of the fluid squeezed from the incised surface, it was found by the microscope to consist of globules, having all the appearances of those recognized as belonging to pus.

CASE 2d. *Chronic Pneumonia*.—John Dolan, 50 years old, laborer, Ireland, admitted to Bellevue Hospital Nov. 27th, 1849, suffering from dysentery, of which he was soon cured. About the middle of December, he had a slight attack of bronchitis, from which he has now recovered; and, during the last week of this month, (December,) he frequently vomited after eating. He has continued very feeble, and has complained only of "weakness."

His father and mother were old and healthy people. He lost three sisters and a brother of "decline." Was never sick until two weeks before coming into the Hospital, when he caught cold. Has had some cough, with mucous, bronchitic expectoration. Has had night sweats only since he came in, which have disappeared for a week past. Has become somewhat deaf and blind, during the last three weeks. Broke three ribs of the left side, 20 years ago. Has lost his appetite since he entered. Bowels have been regular. He urinates properly.

Present condition of patient.—General anæmia; pulse, 88, feeble; skin, dry; soft *bruit de soufflet*, with first sound of the heart over the aortic orifice.

Percussion resonant over the anterior of the chest, above the nipple. Respiration weak; expiration prolonged, on both sides. Sibilant râle.

Posteriorly.—Respiration feeble on right side. Percussion, flat from ridge of scapula, 4 or 5 inches down. Left side, resonant; respiration stronger. Has never had pain in his chest, and never spat blood. The straw color of skin, regarded as indicative of cancerous diathesis, is very well marked. Very great fœtor of breath. Finger may be inserted under the costal margin, an inch or two, without meeting with the liver. Since the 20th of December, patient has complained only of "being weakly," and having no appetite. His treatment has consisted of stimulants, with tonics and preparations of iron, and meat diet.

February 12th.—Patient has had no change, and only complained of general weakness. He died this morning, as if exhausted.

On examination of the body, there was no pathological condition met with in any organ, except the right lung. This, for the space denoted as being dull on percussion, (posteriorly,) was hard, of a dark, blackish-brown color, tough, and somewhat œdematous—presenting the characters of chronic pneumonia. There were no tubercles.—*March 13th, 1850.*

ART. V. *A Literary, Historical, and Practical Sketch of Acrania, "Brainless" or Pseudencephalus Monsters ; with the report of a case.* (With a Plate.) By the EDITOR.

THE subject of monstrosities in general is replete with interest and instruction. "Should any doubt (says Mr. Lawrence) be entertained whether the examinations of these productions can lead to interesting and useful results, we may observe that our conceptions of nature will be more correct, in proportion as they are drawn from a more extensive survey of her works; and, that we cannot fail to learn something of her mode of proceeding by attending to the imperfect sketches which she seems to have abandoned as incapable or unworthy of being completed. The causes of these failures, and the conditions necessary to the production of perfect beings, cannot be understood without carefully noting in what the imperfections consist, and the circumstances under which they are produced. This subject, too, elucidates several questions in the hypothesis concerning generation. By showing us what happens when an important organ is wanting or malformed, it contributes to fix our opinions respecting their uses. It also exemplifies the general fact of the regularity of nature's works. Since we see her, even in these abortive attempts, acting according to a rule, and deviating from her accustomed mode of proceeding, not capriciously, but in a certain series and order. Neither should we overlook these productions in our attempts to infer from the phenomena of nature, and particularly from organized beings, the character of the causes which have produced them."¹ Accurately made observation upon the "brainless" or pseudencephalus² monsters, according to St. Hiliare's classification, have and will continue to throw much light upon some of the most obscure points in physiology. The due performance of all the great vital functions, viz. those of respiration, circulation and secretion, has been shown in these cases not to depend necessarily upon the existence of a brain, as

¹ Vide *Medico-Chirurgical Transactions*, vol. 5th, 1814, p. 170.

² From *ψευδης*, 'false,' and *εγκεφαλον*, 'the encephalon.'

was once supposed, and it will also be seen that in some of the cases that we shall here present to the reader, that even those equally important functions which relate to self-preservation, viz. nursing, deglutition, &c., may be and even are exercised independent of this organ. Such then being the case, we shall here present the material facts which are evolved in the consideration of these monsters, and in doing so, claim the attention of the reader while we record the history of a case which recently came under our own observation. After which we shall present the particulars of such recorded cases as we have been able to collect from periodical and other medical publications.

CASES.

CASE 1. On a Thursday morning, in May last, at eight o'clock, I was summoned to attend Mrs. G——, in confinement with her fifth child. On my arrival at her residence, I found that she had been delivered after a labor of only thirty minutes, of an *acrania*¹ fœtus, at the full period of gestation. Mrs. G. is a well developed English lady, aged thirty-five years; she is the mother of four children, all of whom are perfect in physical organization; she does not remember of experiencing any unusual accident, neither has there any uncommon circumstance characterized any portion of the period of gestation of her present offspring. Subsequently to my first visit, she stated that she had remarked that the "motions" of the child, particularly when she made any sudden exertion, were somewhat stronger than those of her previous children. This fact will be accounted for when describing the peculiarities of the head.

This anomalous fœtus was of the female sex; it weighed nine and a half pounds, and presented, as the plates admirably show, a very perfect specimen of *acrania*, or pseudencephalus fœtus. Its extreme length was eighteen and a quarter inches; this, when we take into account the entire absence of the superior portion of the cranium, is much above the medium length of a new-born child. The frontal, squamous portion of the temporal bones, together with the superior por-

¹ From a privative and *κρανιον*, 'the cranium.'

tion of the occipital and the contents of the cranium, appeared to be entirely wanting down to a point level with the base of the cranium; this latter portion was covered by a thin smooth membrane, presenting the appearance of thickened arachnoid, or of the dura mater. This membrane was connected all along the margins of its circumference to the skin. There was no hair on any portion of the integument covering the imperfectly formed temporal or occipital bones. There was situated immediately over the site of the superior portion of the medula oblongata a vascular tumor near two inches in breadth and one and a half in width, presenting a somewhat lobulated appearance. This tumor was elevated above the base of the cranium some six or eight lines, and presented a venous appearance; running over it were seen numerous large tortuous veins—the same could be felt in its substance. From several points of the surface of this tumor there oozed a fluid slightly tinged with blood, caused probably by slight abrasions produced during the delivery of the head of the child. Pressure upon this tumor gave rise to convulsive action of the whole system, (it was this latter circumstance which explained satisfactorily to my own mind the strong “motions” of the child, which the mother noticed on sudden exertion during the latter period of gestation),¹ and at the same time was followed by a distinct increase in the pulsations of the heart; save the head, every other portion of this fœtus appeared to be well and systematically developed.

The function of respiration commenced nearly as soon after birth as is usual in a well formed child; the act of inspiration, however, was spasmodic or catching in character, that of expiration, natural. The whole of the face and a portion of the chest, soon after birth, became deeply congested—the eyes became more prominent and at the same time suffused—presenting much the appearance of a child laboring under partial suffocation. This state of things gradually passed off, so that in the course of a few hours there only remained (except until within a few hours of its decease, when

¹ A similar case, where manual pressure upon the tumor, during the necessary vaginal examination, produced like results, will be noticed presently.

it returned to a much greater extent) a slight irregularity of inspiration, and a partially congested condition of the face. At first the process of deglutition was somewhat difficult; it soon, however, became less, and after a few hours, being fed by means of a spoon, it took nourishment with as little difficulty as ordinary children at birth. When the finger was passed into its mouth it commenced to suck with considerable force, and on being applied to the breast nursed and swallowed with scarcely any difficulty. The pulsations of the heart were somewhat irregular and slow; on several occasions the pulse was timed and found to range from 68 to 76 per minute—very much slower than in the fully developed new-born infant. During the first twenty-four hours of its existence, it passed feces and urine freely, which appeared, in all respects, like the same discharges of the naturally formed child. On several occasions it made frequent and partially effected efforts to cry. When this act was continued for a few moments only, a convulsive action of the whole system followed.

There was in the movement of the head of this fœtus something peculiar—the position of which was that of being partially flexed upon the sternum; whenever there was the least irritation produced, either by pinching the limbs or pressing the tumor, a sudden flexion, followed by complete extension of the head, was the result; and this act in turn was followed by a convulsive action which extended to the whole system. To all appearance it possessed the full amount of sensibility—irritation by pricking produced movements of the limb touched, and if repeated several times a suppressed cry, followed by a partial convulsion, was the invariable result. The temperature of the body, during the whole of its lifetime, was natural. As has been before stated, the child was born on Thursday morning; it lived until the following Saturday evening, having survived a period of two days and a half. I may here say that its death was attended by convulsions, and that I feel confident it would have survived a longer period, had not a circumstance occurred over which the writer had no control—the knowledge of the occurrence of which, in his own mind, is only a matter of presumption. This presumption was strongly increased by the fact that the specimen

could not be obtained ; neither was a post-mortem examination permitted, although both, particularly the latter, was repeatedly urged with as much wisdom and judgment as the writer was possessed of. For the purpose of supplying the deficiency caused by the foregoing circumstances, I shall here quote the history of a case recorded by Mr. Lawrence,¹ which, in all respects, with the exception of the tumor, was an exact analogue to the one just recorded.

CASE 2. My friend Mr. Armstrong, of Islington, was kind enough to send me an acephalous child, which was born on a Sunday, and lived till the following Thursday evening. The brain and cranium were deficient, and the basis of the latter was covered by the common integuments, except over the foramen magnum, where there existed a soft tumor, about equal in size to the end of the thumb. The smooth membrane covering this was connected at its circumference to the skin. The child, as is generally the case in such instances, was perfectly formed in all its other parts, and had attained its full size. It moved briskly at first, but remained quietly afterwards, except when the tumor was pressed, which occasioned general convulsions. It breathed naturally, and was not observed to be deficient in warmth, until its powers declined. I regret that from a fear of alarming the mother, no attempt was made to see whether it would take the breast ; a little food was given to it by the hand. It voided urine twice the first day, and once a day afterwards ; it had three dark-colored evacuations. The medulla spinalis was continued for about an inch above the foramen magnum, swelling out into a small bulb, which formed the small tumor on the basis of the skull. All the nerves, from the fifth to the ninth pair, were connected to this. The intestines contained a moderate quantity of the usual dark-colored substance ; and there was a little fluid of the ordinary appearance in the gall bladder. Sæmerring and Morgagni have observed that most of these acephalous children are females ; and it has been found in many

¹ Vide "*Account of a child born without a brain, which lived four days* : By WM. LAWRENCE, F. R. S." as recorded in the *Medico-Chirurgical Transactions*, vol. 5th, 1814, p. 166.

instances that the renal capsules were very small.¹ The present case exemplifies both these observations.

The following case we find recorded by Mr. Burrows, in the second volume of the *Medico-Chirurgical Transactions* for 1813, and possesses some strong points of resemblance, especially in respect to pressure upon the tumor, to that reported by me. I shall here transcribe it. It also supplies some links in the chain respecting the diagnosis of this malformation, previous to delivery, which are lacking in my own case.

CASE 3. On the 31st of August, 1809, I was called to a case of midwifery in Duke-street, Spital Fields, it being the lady's second child. On examination I found the face of the child was turned toward the os sacrum, and on feeling for the forehead, instead of the usual projection of bone, a soft spongy substance was found projecting over the eyes. When I touched this substance with my finger, the mother described that she perceived most violent motion of the child, which she said felt "*as if it would break through her,*" and I prepared two ladies who were present for some unnatural production, and begged them to convey the child, as soon as it was born, into an adjoining room from the view of the mother. The face soon descended into the pelvis, but I avoided examination as much as possible during the pains, on account of the violent motion which touching the tumor excited. The labor pains, though strong, were more numerous than the size of the projecting part would have induced me to expect; but this circumstance was accounted for by the magnitude of the body of the child, which was born after I had been with my patient a little more than an hour. The head of the child appeared very remarkably deformed; the whole of the forehead, summit, and a great part of the occiput and brain were deficient, and in lieu of them a substance projected of a light mulberry color, and of the mushroom form, excepting that its neck was proportionably broader. From the deficiency of bone, the eyes appeared to project much more than usual; the body of the child had its usual color, and in every other respect it was naturally formed. The child lived six days without either taking sustenance, or

¹ Sæmmerring, *Abbildung und Beschreibung einiger Missgeburten*, &c., p. 7.

having any evacuation. Attempts were frequently made to give it food, but when the smallest quantity entered its throat, it excited convulsions and immediate regurgitation. The infant was a female, and a probe was passed both by the meatus urinarius and rectum, to ascertain whether there was any impediment to the natural evacuations. A very small quantity of fluid passed from the bladder, but nothing from the rectum. No diminution of size could be observed during its life, or it seemed on the morning of the sixth day to be as large and as likely to live as on the day of its birth, and it *died of a convulsive fit* on the evening of the sixth day. Respiration went on naturally; it did not cry, but frequently made a hideous whining noise. The pulse did not appear to differ from that of ordinary children, but the heart could be seen to beat violently on the left side immediately after it had been thrown into convulsions. If left without disturbance, it exhibited no signs of convulsions, but the least motion immediately excited them.—No sign of voluntary motions appeared, and the mother had less feeling of the child in utero, than in her former pregnancy. But the most curious circumstance observed in this child was, that at the moment the projection at the summit of the head was touched, a general and violent convulsion was produced, as if it had received the strongest electric shock. Its arms were first drawn up and then extended, and its hands were turned into a state of pronation; its legs were stretched to the utmost degree of extension; its head was drawn back and its body extended. * * * * *

The following were the appearances on dissection: The scalp and os frontis, the parietal and a great part of the occipital bones were wanting. Through the parts at which these bones were deficient, the cerebrum projected, and this portion of the brain exhibited the usual convolutions of that substance. It was covered by the pia mater, it was of a mulberry color, appeared to be more vascular than the pia mater usually is, and the edge of the scalp was united with the neck of the tumor. The cerebellum was not more than one-fourth of its usual size, for the posterior part of the os occipitis had advanced towards the sella turcica, so as to form a cavity for the cerebellum, into a canal about twice the size of that

which is designed for the spinal marrow. This altered situation of the brain had so far injured its powers as to deprive the child of all voluntary motion; for it did not seem capable under any irritation that could be applied to its extremities, of having any action excited in its voluntary muscles.

CASE 4. The history of this case was given to Dr. Smellie¹ by Mr. Pierce, of St. Thomas's Hospital, in 1747.—“It was a male child of uncommon size in its body and limbs, with very broad shoulders, and a short, thick, brawny neck. The head was smaller than those of most infants that come in due season, as this did. The nose was broad and flat, the eyes full, large and very prominent, so that the lids could not cover them, the ears were remarkably large and thick. There was no skull to cover the brain, and the edges of the bones of the lower part of the head were as straight and smooth as if they had been sawn asunder immediately above the orbits of the eyes. There was wanting the os frontis on the fore part, and on the back part almost the whole of the occipitis. The ossa bregmatis were entirely wanting, and as there was no scalp, the brain (tumor) was covered by nothing but the *pia* and *dura mater*; which looked of a *dark livid color*, and was pushed out in divers places by the brain (tumor), so that it made an unequal surface (lobulated) for want of bones to confine it. This inequality and softness, together with the edges of the bones, was what surprised the midwife, and made her expect a more difficult delivery.” The cause assigned by the mother for this state of things was that upon the 9th of April, 1747, when she was near two months gone with child, she was grievously frightened with thinking on Lord Lovat, who was that day to be beheaded.

Mauriceau relates in his *Observations sur la Grossesse, &c.*, 1694, at least two cases somewhat similar to the foregoing.

CASE 5. “In the one hundred and eighteenth observation and sixty-third page, he gives an account of his having delivered a woman in the eighth month, of a child whose head was of a monstrous figure, being without any brain, but instead of all the upper part of the head, there was only a reddish brown

¹ Vide Smellie's Midwifery, vol. 3, p. 352; London, 1779.

substance (vascular tumor) ; there appeared likewise the inferior extremities of the occipital bone, and the two eyes very prominent. Its feet were turned inwards. This monstrous conformation was ascribed to great fatigue in a journey.”¹

CASE 6. The second case which Mauriceau records may be found in *observation* 348, and p. 288. He “relates his having delivered a woman of a child, whose head was of a monstrous figure, being all made up of face, as it were, with great goggling eyes. It had towards the occiput a fleshy mass, almost like the *placenta*, which seemed to *come out of the cerebellum and nape of the neck*. The mother had felt the child move in her womb with more force than her other children, but it was dead born, it having remained long in the passage and afterwards been turned. The mother imputed its monstrous shape to her having fixed her eyes steadfastly on the figure of an ape.”² Smellie mentions that there are in the Philosophical Transactions, which I have not been able to consult, several “papers describing births, in which the bones of the upper part of the cranium were wanting; in most of which the cerebrum and cerebellum were also wanting; those that were born alive died soon after birth. Vide Philosophical Transactions, No. 99, p. 6157; No. 226, p. 439; No. 228, p. 553; No. 234, p. 717; No. 251, p. 141; No. 320, p. 310.”³

CASE. 7. Geoffray Saint Hiliare, in his great work on monstrosities,⁴ mentions that Heysham and Hull have recorded a case similar to the foregoing. In this case the elevation of the tumor produced convulsions; deglutition was possible, but was attended by a convulsive action. Hull adds that the eyes had lustre, and that the iris contracted on being exposed to light. It is remarkable that this subject died at the end of the sixth day, and seemed to enjoy life more perfectly than the greater part of its analogues, though there was not in the tumor any medullary matter, and the spinal marrow was itself imperfectly formed.

CASE 8. In 1832, Spessa, an Italian surgeon, made the fol-

¹ Smellie's Midwifery, vol 3, p. 358.

² Ibid. Vol. 2, p. 187.

³ Ibid. Vol. 3, p. 356.

⁴ *Histoire Générale et Particulière Des Anomilees de l'Organisation, chez l'Homme et les Anemaux, &c.* Par Isid. Geoffrey St. Hiliare, M. D. Toms 3. 8vo. Atlas. Bruxelles. 1838.

lowing observation on a case which occurred to him. This fœtus lived eleven hours. The beating of the heart and pulse was very perceptible. The temperature of the body presented nothing unnatural. The skin was sensible to irritants, but he sought in vain to produce some sensation by tickling by a feather the nares. The organs of sight, hearing, and taste, were, like those of smell, in complete inertia; the eyes without lustre; the eyelids and tongue were also completely immovable. There existed a spot on the head where the sensibility was excessive. Pressure even lightly made upon a mammillated projection of the summit of the spinal marrow increased the respiratory acts, and rendered them nearly convulsive, and provoked cries more like sobs than the ordinary cries of a new-born infant.¹

CASE 9. The following case is recorded by Mr. Beardsley.² On the 13th of October, 1847, I was summoned (says he) to attend M. F., aged 19, who was about seven months advanced in pregnancy. Pains strictly uterine had commenced some hours before I was sent for; they were weak and very peculiar; and finding, on examination, the os uteri to be much dilated, I administered a dose of ergot, and in a few minutes the next pain expelled a fœtus which proved to be destitute of brains. I blew upon it, and the most violent twitchings of the arms and legs took place for a few moments, and all was still again; on blowing upon it a second time, no such effect was produced. I then proceeded to tie the cord; upon putting the first ligature around it a slight movement was produced; and on dividing it, another convulsive twitching, like that caused by first blowing upon it, resulted. There was no effort at inspiration—the eyelids blinked the first time.—Upon examining the head there were no parietal and occipital bones, and only that portion of the frontal forming the roof of the orbit. Temporal and spheroid bones unnaturally developed. The eyes were very prominent and directed upwards. A fleshy tumor rested upon the spheroid bone, covered by pia and dura mater, or membranes analogous to them; they were very muscular, and continued down the spinal column. The

¹ Hiliare on Monstrosities. Vol. 2, p. 252.

² British Record of Obstetric Medicine. By Charles Clay, M. D. Manchester, 1848. Vol. 1st, p. 168.

skin was only continuous to a line drawn from half an inch above the eyes, close round by the pinnæ of the ears to nape of the neck. I could find no trace of cerebral matter except on the lower side of the fleshy tumor, and that very small and connected with the optic nerves; no spinal cord; but all the nerves, central and spinal, were perfect up to the respective foramina of spinal column and base of the skull, where they terminated in *loops* of nervous fclulæ and blood-vessels.—The eyes and lens were perfect, and all the other organs in the body fully developed.

Such is a synopsis of the literature of this species of malformation, so far as the records of cases are concerned, that have come within our reading. We would not be understood to say that there are no more cases on record of a similar character, but only that such have not come within our reading. We shall now pass on to consider some points of interest in the nature of the vascular tumor which in these cases has been referred to. Before doing so, however, it may be well here to give the reader a classification of these monstrous formations.

CLASSIFICATION.

Saint Hiliare places them in the First Class, Order I, of Autosite Monsters, Tribe III, Family II, and calls them Pseudencephalus. This family, he says, are composed in fact of monsters which have not, properly speaking, an encephalon—for the nervous matter essentially characteristic of the encephalon has more or less disappeared; but in which the encephalon is found, nevertheless, replaced by a substance, the nature of which has for a long time escaped observation.—He makes three species of the pseudencephalus monsters.—The following is his synoptical resumé of the characteristics of the three species into which he divides them.

A. *No Spinal Fissure.*

1. The encephalon replaced by a vascular tumor; cranium largely deficient above, but only in the frontal and parietal regions; occipital foramen being distinct.—*Species 1.* NOSENCEPHALUS.

2. The encephalon replaced by a vascular tumor; cranium deficient above, in the frontal, parietal, and occipital regions; occipital foramen not distinct.—*Species 2.* THLIPSENCEPHALUS.

B. *Spinal Fissure.*

3. The encephalon replaced by a vascular tumor; cranium and vertebral canal largely open; no spinal marrow.—*Species* 3. PSEUDENCEPHALUS.

From this classification, it will be seen that the vascular tumor characterizes the family of pseudencephalus monsters. By reference to the cases which we have given, it will be seen that it was present in each. It sometimes, in the first two species of Hiliare, contains portions of cerebral matter or substance. The following is Hiliare's account of the anatomy of this tumor:—"The base of the cranium, from a defect in the arch, which is almost entirely wanting, exhibits a tumor of a deep red color; sometimes larger than a normal brain, but more often much smaller, and is covered only by a transparent membrane, similar to the arachnoid. This tumor generally consists of several lobes, in which are sometimes found small venous collections, and which, in their position and form, often resemble cerebral hemispheres. The structure of this anomalous tumor is, in other respects, essentially different from that of the brain. It is composed of a network of small vessels gorged with blood, and it is, at the most, that in some cases, by an attentive or close examination, some parcels of nervous substance can be discovered, scattered irregularly through the vascular mass. This tumor, essentially sanguine, is continuous, behind and below, with the superior extremity of the spinal portion of the pia mater, and seems to result from a hypertrophy of that membrane, and of the small vessels of the encephalon. When the spinal marrow exists, the spinal pia mater, at first considerably thickened, and much redder than natural, soon takes on its normal characteristics, at the same time that the spinal marrow, whose superior extremity is more or less atrophied, assumes its ordinary structure and volume."

CAUSES.

The cause of monstrous formations is wrapped in obscurity. They have been referred to, 1st, the influence of the imagination of the mother upon the fœtus in utero; 2d, to

changes, accidental or otherwise, experienced by the fœtus during the early periods of its uterine existence ; and 3d, to a defective condition of the primitive germ. Of these three alleged causes, the present state of science gives reason or force to the second mentioned only. In 1827, M. Velpeau¹ read before the Philomathique Society of Paris, a memoir on this subject, in which he alludes, among others, to a case of *acrania*. He is of opinion, that, in a great number of cases, monstrosity is the result of disease of the embryo, and particularly so of the form under consideration. In respect to the first reference—that of the influence of the imagination of the mother on the fœtus in utero—Dr. Blundell, at first, was inclined to believe that the fancy of the mother could produce no such effect; yet he afterwards says, “that various facts have been brought before me, which do prove, beyond a doubt, thus much: that there is sometimes a striking coincidence between impressions made on the mind of the mother, and appearances which manifest themselves on the body of the fœtus; these coincidences being sufficiently frequent, to create a sort of suspicion that they may be of the nature of cause and effect.”²

To the defective doctrine of the pathological origin of these anomalies, Isadore St. Hilaire, following Meckel, opposes that of arrests of formation and development, which furnishes explanations of phenomena of which the first is deficient. He claims for this theory, that it rests upon evidences the most striking and numerous, since there is always an agreement between the anomalous conformation of an organ, and one of the forms that it should present in the progress of its normal development.

From a careful analysis of the application of this theory, it would appear that the production of certain monstrosities (those of excess) are not by it explainable. Seeing this to be the case, he says, “if it be not true that all anomalies, as some have believed, result from arrests of formation and development, there is no doubt that the immense majority of them ought to receive this explanation.” Still farther on, he adds,

¹ Bullentin des Sciences Médicales, Aout 1827.

² The Principles and Practice of Obstetric Medicine. By JAMES BLUNDELL, M. D. Lee & Rogers' edition. London, 1840. P. 1014.

that "nine-tenths of the total number of monstrosities recognize anterior organic conditions in the life of the embryo, which are explicable in part, at least, by arrests of formation and development." Speaking of the efficient causes of the anomalies which the pseudencephalus fœtus presents, he says, "when it has been possible to learn the exact history of a pregnancy, terminating in the birth of a thlipsencephalus fœtus, we have always found, in a positive manner, that the mother of the monster had either received a violent blow upon the abdomen, or had made upon this region prolonged compression, or met with a fall, in which the uterus received the '*contre-coup*.' In the small number of cases where we have not discovered external violence, the mother had at least experienced a change in her moral feelings, in which the immediate effect was necessarily a sudden and active reaction upon the viscera of the abdomen, or else she had been afflicted with a severe abdominal disease." The credit of first demonstrating, as he thinks, the fact that the two first species of pseudencephalus monsters were the result of mechanical injuries done to the abdomen of the mother, in the earlier periods of gestation, he refers to his father. The date of the commencement of the defect in the nosencephalus species, is placed by him "about the fourth month;" that of the thripsencephalus species, "about the third month."

VIABILITY.

Upon the question of the ephemeral viability of these monsters, almost all modern writers agree. There is nothing in the abnormal condition of those who respire naturally, and take nourishment, which, in our opinion, would greatly interfere with a temporary, or, perhaps, somewhat prolonged period of existence. In the cases recorded in this paper, two lived six days; in one of these, Dr. Burrows' case, no nourishment was ever taken; and in the other, that of Heysham & Hull, the process of deglutition was attended with great difficulty, and commotion of the system. Dr. Castle, in a note to Dr. Blundell's *Obstetric Medicine*, p. 971, is reported as having seen a case, in which the cerebellum was absent, and in

which there existed "spina bifida," and yet the child lived one month and a day, "and finally fell a victim to disease of the spine, rather than to the want of a cerebellum." In two of the remaining cases, the functions of respiration, circulation, deglutition, secretion, were to a good degree certainly in as nearly a perfect manner as is usual in the normal new-born infant. These cases both died in convulsions, one four, the other two and a half days after birth. There is one point in physiology, upon which they throw no small degree of light, viz.: that of the independent action of the great vital functions, from the large nervous centres. Dr. Spessa, according to Hiliare, closes his very interesting memoir on monstrosities with an examination of the viability of the pseudencephalus monsters. This question is correctly said by him to be complicated with immense difficulties, which it is not easy to explain, and which he leaves to the examination of medical legislators. Hiliare states "that the present state of science does not permit us to determine exactly the number of hours, or even days, during which the feeble existence of these monsters can strictly be prolonged, under the most favorable circumstances, but their non-viability, that is, the impossibility of their living but a short period after their birth, is as certain as possible, and to deny it would, indeed, be to overthrow all the rules of reason and scientific criticism."

Morgagni,¹ in book 1st, letter 12th, article 9th, refers to two cases, in which he simply records the fact, "one of which lived two hours, and had some appearance of being sensible; and another one and twenty hours, not without taking some little aliment."

MEDICO-LEGAL RELATIONS.

There is a question which may come up out of their apparent viability, which, in this country and in England, in a medico-legal point of view, may become one of great importance, viz.: that of the *application of the law in cases of*

¹ The Seats and Causes of Disease, investigated by Anatomy. By John Baptist Morgagni. Translated from the Latin, by Benj. Alexander, M. D. 3 vols. 4to. London, 1769. Vol. 1, p. 255.

abortion. This question did actually come up, in the year 1841, in France.¹ A girl was accused of procuring abortion. The aborted fœtus, of about the sixth month, was acephalous, and there was no vertebral canal for the spinal marrow. The medical witnesses declared that it had never breathed, and that its life had ceased with gestation. On the upper part of the body was a wound, which had been produced by a pointed instrument, probably just before it was expelled. This, they thought, had caused death. The counsel for the prisoner contended that this could not be regarded as a case of criminal abortion, owing to the monstrosity of the offspring; and the jury acquitted her. Dr. Taylor adds, that "as in this country (England) proof of pregnancy is no longer required, monstrosity would make no difference." A monster, according to Lord Coke, is a being "which hath not the shape of mankind; such a being cannot be heir to, or inherit land, although brought forth within marriage." Would a pseudencephalus monster come within the pale of this definition, or be considered as devoid of the shape of mankind? It certainly must come within the protection of the law in this country, as well as in England, in cases of attempted abortion, as the *onus* of the crime lays in the intent, which the law so wisely recognizes. There is, in the consideration upon trial of these cases, ample opportunity for the exercise of much legal ingenuity; and in time, there must of necessity come up cases that will test the strength of the law, and which, in the absence of any precedent which can serve as a guide, will call forth, in an especial manner, the wisdom of the medical jurist.

PARTURITION.

That labor should be more or less modified by acrania, or pseudencephalus fœtuses, we should, *a priori*, very naturally infer. Such, in fact, is the case. In those cases where the tumor on the head presents, the young practitioner might very

¹ Vide Medical Jurisprudence, by Alfred Taylor, M. D. Philadelphia edit., 1850, p. 454.

easily be deceived ; and, should there take place, by any accident, (which certainly is possible,) rupture of the vessels of the vascular tumor, the hemorrhage might be easily confounded with a modified case of placenta prævia. Should such an accident complicate the delivery of a pseudencephalus fœtus, we should not have that amount of hemorrhage, as in the case of placenta prævia ; neither would it occur previous to the commencement of labor, as is the case in the latter.

There is another point which has been noticed by writers, and which should not escape our notice, in this place, viz. : the difficulty which the considerable volume of these fœtuses gives rise to. The bodies of almost all acrania or pseudencephalus fœtuses, who arrive at the full period of gestation, are more fully developed than the bodies of those who present no anomalies. The shoulders are broader, and their weight is greater, as a general rule. This fact must render labor much more protracted, as is illustrated in two of the cases reported. Hiliare, on this point, says, "The considerable volume of the greater portion of pseudencephalus fœtuses renders labor very protracted ; this fact will appear if reference be made to the accurately made and recorded observations on this family of monsters, and such, also, is clearly seen in those cases in which I have been able to collect precise information, and in nearly all of which they were born a long time after the invasion of the first pains." Should circumstances arise, in the course of labor, which would indicate the application of forceps, it is reasonable to suppose, from the anatomical figure of the head, that more or less difficulty would be experienced in the extraction of the head, if not in the application. In the case which I have recorded, the breadth of the shoulders did not exceed those of a normal fœtus ; this fact may account for the ease and rapidity of the labor.

The frequent occurrence of this family of monsters, is mentioned by writers. Mr. Wilde, in his work on Austria, published some six or eight years since, gives the statistics of monstrosities occurring in the Imperial Lying-in Hospital in Vienna, (The Geberanstalt,) for the eight years ending 31st of December, 1840. Out of 23,222 births, there were 68 cases of monstrosities, or one in 341.5 births ; of the 68 cases, there

FIG 1

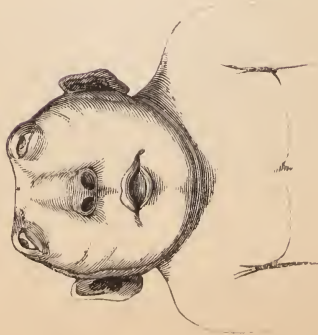


FIG 2
B

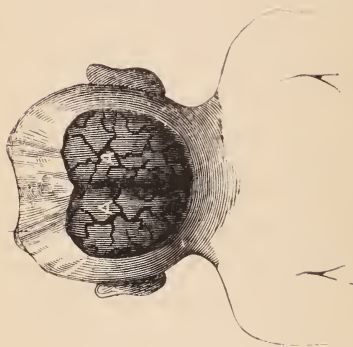
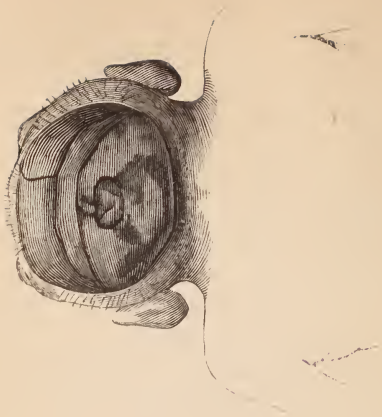


FIG 3



was only *one* "wanting the superior part of the vertex." *One* other is reported as "hemicephalus." From these tables, it would appear, that they are by no means of frequent occurrence, as some authors have supposed.

EXPLANATIONS OF PLATE.

Fig. 1.—Represents an anterior view of Case 1.

Fig. 2.—A posterior view of the same. AA, the vascular tumor divided into two hemispheres. BB, a slight elevation, produced by the optic vessels.

Fig. 3.—A posterior view of a thlipsencephalus monster—to which species Case 1 belongs—represented in Isadore St. Hiliare's great work, from which we have drawn so freely in the preparation of the foregoing paper.

P. S. Since the foregoing article was put in type, we have accidentally discovered an essay on "anencephalus" monsters, in the American Cyclopædia of Practical Medicine, from the pen of Prof. Geddings. It affords us much pleasure to be able to refer our readers to it, as it contains an able resumé of the whole subject—the best in our home literature.

ART. VI. *Case of premature labor complicated with complete prolapsus of the uterus*: By SAMUEL TYLER, M. D., of Fredericks, Md.

To S. S. Purple, M. D., Editor of the N. Y. Journal of Medicine.

DEAR SIR:—The following case may not be without some interest to your readers, as it fully establishes the fact of the power of the muscular fibres of the uterus, and its ability to expel the fœtus or other contents, independently of assistance from any other source whatever. I am aware, of course, that at present there are few, if any, who deny its muscularity, if I may be allowed the term, but it has not been many years since a distinguished teacher of obstetrics, in this State,* denied entirely the fact, and maintained that labor was effected by the agency of the muscular parietes of the abdomen.

On the 19th of March, 1846, at 2 o'clock P. M., I was called to Mrs M. I found with her a female midwife, who stated that the patient had had slight labor pains for several hours,

* Richard W. Hall, of the University of Maryland.

and that there was a mass of fleshy substance between her thighs, which had "*come down*" early in the morning, when the patient was engaged in some work about the house. Upon examination, by the touch and by ocular inspection, I found, to my surprise, that it was the uterus entirely without the vagina, and containing a five months' fœtus; I could distinctly handle the lateral ligaments. To return it was impossible—the pains had somewhat subsided under the influence of opium, which had been administered by the midwife. Her pulse being full and active, I took sixteen ounces of blood from her arm, and administered twenty grains of powdered *secale cornutum*; in about twenty minutes the longitudinal fibres commenced contracting firmly, producing dilatation of the "*os uteri*;" they would cease, and the circular fibres would commence, producing an appearance of hour-glass contraction; the contraction of each lasting about a minute, by the watch. After the second contraction of the circular fibres, the womb was perfectly quiescent for about five minutes; when, as it were, by a concerted action of both sets of fibres, the fœtus, a male, was expelled and received in my hand, the secundines following in about ten minutes. I administered an anodyne and requested that she be kept perfectly still until ten o'clock P. M., when I visited her again, and was enabled to return the womb some distance up the vagina; administered another anodyne, and saw her at nine o'clock A. M. the next day; she had rested well, and I found the womb nearly "*in situ*;" she kept in a pretty comfortable condition for four days, when puerperal fever ensued, with which she was ill about three weeks, but recovered perfectly, and has since been delivered of a fine child. I should have remarked that she had had four children previous, and is a woman of very delicate frame. I made the above notes of this case at the time, but my professional engagements have prevented, or rather caused me to neglect, its publication until now.

REMARKS BY THE EDITOR.

The foregoing is the history of an exceedingly interesting case. Our home periodical literature, so far as our reading extends, records the particulars of two similar cases. In

the first volume of the Medical Repository, for 1797, Dr. Thomas Archer, of Hartford-Town, Md., records the particulars of "A singular case of Difficult Parturition successfully treated." The following is a condensed account of the case. The patient, a Mrs. E——, aged 30, had been in labor four days with her first child. Her pains had been considerably forcing, but the intervals between them long, the waters had been gradually discharging for two days. The os uteri was not dilated to more than the size of a cent, and it formed a thick, rigid cartilaginous ring, not yielding or becoming softened by the pain. Her constitution was robust and strong, and her pulse was marked by tension or convulsive action. She was bled to eighteen ounces, and gentle laxatives, with emollient clysters, were ordered; oleaginous injections into the vagina and the vapor of hot water were advised, as means for relaxing the os-tincæ. She took a dose of opium and stramonium, to procure rest and remove unprofitable pains. She was then left in the charge of a midwife until the following day in the evening.

At this time there was no perceptible alteration in the dilatation of the os uteri. The child's head could now with difficulty be felt through the os uteri, and there was no increase in the dilatation. A few pains protruded the uterus with its contents, without the os externum! The child, from certain evidences, was believed to be dead, and great fears were entertained for the patient's safety. Death appeared as the closing scene of every plan I proposed; in fact, her situation required such immediate assistance that there was scarcely a moment for deliberate thought. By means of a candle held by the midwife, without the knowledge of any other of the attendants, with a spear pointed lancet I made three incisions in the neck of the womb, each about two inches in length; viz. one leading towards the urethra, one towards the perineum, and the other towards the left labium. The pains, although not strong, immediately expelled the child. The uterus, after the secundines separated and came away, with no difficulty, contracted and returned, with but little assistance, to its pristine situation. Her recovery was as easy as is the case in any natural labor; she was up and walking about the room in

three weeks after her delivery. At the age of fifteen she had a prolapsus uteri, which was reduced after it was washed in a strong decoction of oak bark and dusted with powdered resin.

The second case referred to will be found reported by Dr. Gardner, of this city, in volume twelve, new series, of the *American Journal of Medical Sciences* for 1846. The patient, a Mrs. Potter, aged 35, was in labor at the full time with her fourth child. After her last confinement she had prolapsus uteri. Within the last four months of her present gestation, the uterus has descended so much, that from three to four inches have been always extruded beyond the vulva. In this condition the parts were found about twelve hours after the commencement of labor. The patient now began to show symptoms of exhaustion from the continuance of pains which did not allow a moment's rest, and various other symptoms began to show themselves indicating convulsions. Delay was considered no longer justifiable; the neck of the uterus was still unobliterated, and the os uteri was dilated to only a moderate degree. The vertex of the child lay in the hollow of the sacrum—the presentation was the third of Baudelocque. The time for active interference having arrived, the short forceps were applied—not however without much trouble, owing to the difficulty of inserting the blades through the narrow orifice of the uterus. In conjunction with a stronger pair, and traction, the head was dislodged and came down, bringing with it the os uteri. Great difficulty was now experienced in withdrawing the forceps. The uterus presented an external mass eight inches in length and five in diameter. The os was two and a half inches in diameter. By means of a bistourie an incision was made two and a half inches in length, soon after which a renewal of pain resulted in the expulsion of a live female child, not, however, without tearing up the incision an inch and a half more. The afterbirth was delivered without difficulty or hæmorrhage; the uterus remained external but contracted down to one-half its previous size. Twelve days after delivery, the uterus having diminished much in size, was returned with but little difficulty. She had a slow and protracted recovery, followed by prolapsus of the uterus.

Such is the history of two cases of a rare and unpleasant

complication of labor. Various writers on obstetrics have made mention in their works of this complication. Among others, Smellie, Blundall, and Meigs, may be particularly mentioned.

ART. VII. *Report of Medical Cases occurring in the New-York Hospital*, J. H. GRISCOM in attendance. By V. P. COLTON, M. D., Resident Physician.

CASE 1st. *Lead Paralysis*.—March 12th, 1850. Henry Dorigan, 28, Ireland, clothier: is of sanguine temperament; has red hair, fair skin, and blue eyes. About six months ago he was seized with colicky pains in the epigastrium, which were quite severe, and which continued, more or less acute, for six days. His bowels, at the time, were quite costive. He took medicine, which produced free emesis and catharsis. In about half an hour from the accession of pain, he began to feel a strange weakness in both hands and arms. Since that time, he has had no return of pain—his bowels have been quite regular—appetite and general feelings have been natural. The weakness in hands and arms alone remains. At the present time, the paralysis chiefly, if not entirely, affects the extensor muscles of hands and fingers—the flexors being about as strong as usual. A bluish tinge is observed along the edge of the gums.

The only cause which a rigid examination can find, to account for the symptoms, is the habit of drinking freely of water, conveyed from a fountain half a mile distant, through a lead pipe.

April 28th.—Has used, internally, since his admission, acid sulph.; quin. sulph.; potass. iod. Arms and hands have been freely rubbed with stimulating liniments, and fingers have been kept extended, for a part of the time, on the hand and finger splint—all without much benefit. Can use right hand rather more freely than when admitted. Discharged, relieved.

Observation.—There would seem to be a peculiar tendency in many of the mineral poisons, in their remote effects, to pro-

duce cramps and paralysis of the second and third divisions of extremities—the face, arm and hand; the leg and foot. And in several cases, these affections have commenced in the fingers and toes, and travelled up the limbs. Thus, in a case of arsenical paralysis, now in the Hospital, the pain, cramps, and paralysis commenced in the fingers of right hand, then in those of left; then in the toes—first of one foot, and, shortly after, in those of the other; the whole gradually extending up the limbs.

Another case of paralysis and cramps, from the chronic effect of arsenic, with similar phenomena, occurred here in 1847.

In lead paralysis, and in that produced by copper, the same order is sometimes observed. Also, in a case of tremor mercurialis, which lately fell under my notice: the weakness and peculiar trembling commenced in left forearm; then attacked left leg; then the right leg; and, lastly, the right forearm. The reason why the second and third divisions of extremities should be primarily affected, does not appear. It seems as if all cramps and paralysis proceeding from gastro-intestinal irritation, showed the same preference. Cholera cramps certainly do; and the pain in the calves of the legs, in dysenteric patients, is a matter of daily observation.

CASE 2d. *Effusio cerebri*.—March 21st, 1850. John Edmonds, 27, New-York, boat-builder.

The history of his case is obscure. He has been unwell for the past two and a half months; was perfectly well previously. Is intemperate. At first he complained of pain in legs, and general weakness, with which he walked about, unable to work—feeling some vertigo, on brisk motion. He says that he has received no injury, in any way, that he is aware of. At the present time he has slight cough; is rather stupid; expression dull; hearing much impaired; some tremor of muscles; has weakness and pain in legs, especially below the knees—confined mainly to their posterior part—not constant, but recurring at no definite periods, and are more marked in left leg than in the right. Has vertigo; totters when he walks, and inclines as if about to fall to the left side.

There is no difference to be perceived in his arms ; pupils natural.

March 30th.—Complains of aching pains in his limbs ; sleeps nearly all the time. His bowels are regular ; rises and goes to the water closet, when necessary ; appetite fair ; hearing much improved since his admission into Hospital. He walks rather steadier. Has taken no medicine, save porter and nourishing diet.

April 6th.—Livelier, steadier, stronger, and brighter.

20th.—Walks firmly ; looks, feels, and acts like a healthy, rational man—no impairment of body or mind.

24th.—Discharged, cured.

CASE 3d. *Pneumonia and Apoplexy.*—April 17th, 1850. Thomas Egan, 32, Ireland, laborer—a man of confirmed intemperate habits—was admitted in the twelfth day of pleuropneumonia of right lung, and for which he has had little or no medical treatment. At the present time, his pulse is 96, and full ; respiration rapid and labored ; face dark, and prolabia livid ; cepitus over the posterior, and lateral portion of right lung ; bowels are rather confined. (Calomel gr. v., Rhei. gr. x. *mx.* C. C. freely to the side. Stimulating expectorant mixture every two hours.)

April 18th.—The pain in his side has subsided ; crepitation much diminished ; complexion much improved ; he has had no evacuation of the bowels ; pulse quick and feeble ; tongue moist, and coated with a very thick fur. Repeat medicine as before—(wine whey and bland nourishment).

20th.—Nearly as before ; crepitus much diminished ; feeble respiration over right scapula ; talks rather wild at times ; has had no movement of the bowels. (Enema. Emp. Vesie. ad lat. dext.)

21st.—The enema has operated powerfully ; at times he is quite stupid ; pulse more feeble ; face flushed, and lips livid. (C. C. ad temp.)

22d. Last night was in profound coma—face being livid and turgid, and pupils rather contracted. This morning his eyes follow the light, and he seems to understand what is said to him, but makes no reply. On being requested, will not protrude his tongue. Pulse 180, rapid, flying. (Calomel gr. iij.,

Pulv. Dov. gr. v. *mx.* one every two hours; ice to the head; blisters behind the ears.)

23d. Last night was again in profound coma, and could not be roused; pulse rapid—almost imperceptible; face turgid. This morning he answers questions, though incorrectly. Several times during the day his cheeks were flushed, &c., as yesterday, which shortly became quite pale again; bowels have been repeatedly acted upon—ten to twenty stools a day, thin, yellow, fecal. His mouth presents no sign of mercurial influence. During the night he again relapsed into profound coma, and died. No autopsy permitted.

Observation.—The striking peculiarity of this case consisted in the remarkable alternative exacerbations and amendments of the cerebral symptoms—at one time his face being livid, turgid with blood, like an apoplectic, and at another, pale and cool; at one time quite sensible, and talking coherently; at another, being insensible to the severest pain. The severest exacerbations occurred on three successive nights, in the last of which he died.

CASE 4. *Pleuritis and Pericarditis.*—April 5th, 1850. Patrick McCarty, 35, Ireland, boatman, was attacked, three days ago, with chill fever; pain in the chest, which was sharp and piercing, and was aggravated by full inspiration. He has had a slight cough, and scanty expectoration. At the present time, his skin is cool; pulse full, and soft; complains of great pain in the side, most severe along the edges of false ribs, on the right side; countenance anxious. He cannot take a full breath, owing to the excessive pain which it produces. There is present a shade of dulness over lower half of the right lung posteriorly; there is heard feeble respiration, and crepitus. (C. C. freely over the whole of the chest. Ant. Tart., gr. $\frac{1}{2}$, every two hours.)

6th. Pain is almost entirely gone; he breathes freely; there is present some nausea; his skin is cool, but pulse rather frequent, and soft; countenance anxious; he prefers the sitting posture; over lower half of the right side there is dulness, and absence of respiration, with ægophany; there is no crepitus over left lung; posteriorly, friction sound is audible. (Calomel grs. ij., p. opii gr. $\frac{1}{2}$, one every two hours.)

7th. He is worse ; there is little pain ; the countenance is more anxious, and he sits up constantly. His bowels have been freely opened.

8th. Nearly the same ; physical signs remain much the same as before. This morning he seemed freer from pain, and stronger than before. Went to the water-closet, and returned ; spoke to those about him in a full and loud voice ; after which, he laid down, and immediately expired.

Autopsy disclosed universal effusion of lymph and serum in the three serous cavities of the chest. In the pericardium there was found about half a pint of brown colored serum, with floculi of lymph floating therein. Layers of fibrine in a plastic state, covered the heart in patches and shreds. The serous lining membrane of the pericardium was reddened, and slightly opaque. The pleural cavities each contained about a pint of serum. The lungs were found nearly covered with plastic lymph, and the lobes adhering to each other. The superior surface of the diaphragm, corresponding to the base of the right lung, was intensely reddened. All the other organs of the body were in a normal condition.

Observation.—1st. On the eve of admission, the case was taken to be one of pleuro-pneumonia. 2d. The only evidence of pericarditis was the orthopnea, and the anxiety of countenance, and sudden death. 3d. The extreme pain along the false ribs on the right side, was fully explained by the intense inflammation of the pleura covering the diaphragm on that side.

CASE 5th. *Apoplexy*.—April 24th, 1850. Amos Brochway, 35, New-York, boatman. He has been an habitual hard drinker. He is short in stature ; neck short and thick ; face full and red ; habit plethoric. Yesterday he had a paroxysm, which, from the account given by his friends, was apoplectic. He now lies quiet, in his right mind ; sometimes he has spasmodic twitching of the muscles of the face. The pulse is normal, and his bowels are regular ; his face is full and red, and he has some headache. (Cold to the head ; mercurial purge.)

25th. Yesterday P. M. he had another paroxysm ; in it the face became turgid, and the eyes protruding ; he had con-

vulsive action of various muscles ; he bit his tongue, but did not foam at the mouth. The paroxysm was of about two minutes in length. In the evening there was great redness of the face ; the eyes glistened ; the temporal arteries throbbed ; his head was hot, and the pulse was 86, full and hard ; his senses remained unimpaired. (V. S. $\bar{a}\bar{a}$ $\bar{z}$ xx.)

26th. Syncope not produced by venesection. He now has less pain in the temples, but the ringing in the ears continues ; he slept well last night. (Continue cold to the head ; diet gruel.)

27th. He slept poorly last night ; he was delirious most of the time ; head hot. (Beef tea and porter ; Opii Tr. P. 3ss. U. S.)

28th. No sleep ; raves constantly ; confined by force to bed ; little change in symptoms. Opium as before. Free support.

29th. At 4 P. M., uttering a loud cry, he became black in the face, gasped a few times, and expired. No autopsy permitted.

Observation.—Apoplexy, in a man of confirmed intemperate habits, seems to be one of the most unfortunate complications which can exist. If depletion be practised, death by asthenia is to be feared ; if not practised, death by the original disease. He who carries to such a case the lancet in one hand, and the brandy bottle in the other, and knows when to use either, or withhold both, will save the most cases.

CASE 6th. *Ascites.*—April 24th, 1850, Matthew Haperty, 39, England, tailor. He has been an occasional hard drinker for many years, but has always enjoyed good health until one month ago, when, after a week's debauch, he had constant and acute pain over both hypochondriæ, attended with nausea and some vomiting, and a torpid state of the bowels. The pain, after continuing one week, gradually subsided ; at that time he had slight jaundice ; the pain was not more severe in one place than another. The night after the attack, he first noticed an unusual swelling of the whole abdomen, which has continued to increase until the present time. He has now no pain, save after a full meal, the abdomen is distended, the umbilicus is protruding, and fluctuation distinct. His bowels

are rather confined, and the urine is natural in quantity and quality. The heart's action and sounds are normal; over region of the liver there is no tenderness on pressure; there is no jaundice; neither has he the aspect of a man of confirmed intemperate habits. (Pulv. Purg. 3i. bis die.)

May 20th. He has used Pulv. Purg. as above, until the present time; each dose has produced one or two full, and very free watery discharges. He complains of no pain in the abdomen, and his appetite is unimpaired. He has now lost all the effusion in the abdomen, which is quite soft and flat.

May 24th. Discharged cured.

PART SECOND.

CRITICAL ANALYSIS.

ART. VIII. *A Practical Treatise on Inflammation of the Uterus and its Appendages, and on Ulceration of the neck of the Uterus.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians. Physician Accoucher to the Western General Dispensary, Formerly House Physician (by Concours) to the Hospitals, Saint Louis, Notre Dame, De La Pitié, and La Salpetriere. Paris. Second Edition. London. John Churchill, 1849. 8vo. pp. 527.

Des Ulcerations, Et Des Ulceres, Du Col De La Matrice et de leur traitement. Par F. L. PICHARD, Medecin de la Faculte Medecine de Paris, etc., etc. Avec 8 Planches, contenant 27 figures. Paris, 1849, 8vo., pp. 480.

On Ulcerations and Ulcers of the neck of the Uterus and their treatment. By F. L. PICHARD, etc.

Etudes sur les Maladies des Femmes qu'on observe le plus frequemment dans la pratique. Par ALEXIS FAVROT, Docteur en medecine de la Faculte de Paris, etc., etc. Paris, 1847, 8vo. pp. 423.

Investigation of the Diseases of Women that are most frequently met with in Practice. By ALEXIS FAVROT, etc.

THE first edition of the work which stands at the head of this article was published in 1845. As regards the subjects on which it treated, it was far in advance of any thing that had appeared in the English language. This has been for some time out of print in England, a strong evidence of the favorable reception which it received from

the profession. In this country it was republished by Lea & Blanchard in 1847, and its value fully recognized by all those in the profession who have duly estimated the importance and frequency of the disease of which it treated. The present edition may in fact be regarded as a new work.

The first edition produced a marked change in the opinions of a large portion of English and American practitioners, among whom may be named some of the most eminent uterine pathologists of the present day, and the practice of nearly all has been greatly modified since its appearance. While the enlarged experience and careful observation of the author have strikingly confirmed the views enunciated in the first edition, he has in the present work added much that is original and new to the profession, particularly on chronic metritis and the displacements it occasions—internal metritis, or as Whitehead terms it, endo-uteritis—inflammation and abscess of the lateral ligaments in the non-puerperal state—inflammation and ulceration in the cavity of the cervix—inflammation and ulceration in the virgin—in the pregnant and puerperal condition—in the aged—and in connection with polypus and uterine tumors—and a most valuable and important chapter on the “diagnosis of cancer.”

The following paragraph from the preface will explain the basis on which the pathology of the author rests. “Guided by the clinical observation of the last twelve years,—during which period I have constantly studied uterine disease in wide fields, and with the advantage of more accurate means of investigation than those generally employed,—I have endeavored to demonstrate the important fact, that inflammation is the keystone to uterine pathology, and that unless the phenomena which it occasions be recognized and taken into consideration, all is doubt, obscurity, and deception.”

We propose in this article not only to examine somewhat in detail the recent work of Dr. Bennet, but also to give a resumé of the present knowledge of the profession in regard to the subjects under consideration, and thus only shall we refer to the works of MM. Pichard and Favrot.

After some preliminary remarks on the value and importance of physical means of investigation, in the study of uterine disease, “on the facts recently brought to light which were partially known to the ancients, and the causes of modern ignorance of uterine pathology,” Dr. Bennet proceeds to a brief consideration of the Anatomy and Physiology of the uterus and its cervix. The muscular structure of the uterus is now fully established. In the impregnated state this is

easily demonstrable. In the non-impregnated, the tissue is extremely condensed with but little red blood circulating through it, so that its surface, when incised, resembles fibrous tissue. The structure of the cervix uteri is fundamentally the same as that of the body of the organ, except that the latter is entirely devoid of cellular tissue, there not even being any between the investing peritoneal membrane and the tissue of the organ. The muscular fibres of the neck are not in continuation with those of the body of the womb, excepting only a band posteriorly which descends from the fundus to the lower part of the neck, and even as far as the vaginal cul de sac; a most important fact, explaining the great tendency of chronic inflammation of the cervix to pass to the posterior wall of the uterus, rather than the anterior. There is also a striking difference in the vascular and nervous supply of the neck and that of the body of the uterus. The neck of the womb derives its blood from two large arteries, the uterine, and from the spermatic, while the body is supplied from less considerable sources, the spermatic and the ultimate divisions of the uterine arteries. The cervix possesses spinal nerves principally, the body, nerves from the ganglionic system, as marked by M. Negrier, and "hence is explained"—we quote from Dr. Bennet,—“on the one hand the occasional insensibility of the cervix to physical lesions, and on the other, the intense sympathy that exists between the uterus and all the organs of organic life, placed, like it, under the control of this division of the nervous system.” Dr. Bennet next refers to the differences between the uterine cavity proper and that of the cervix. They are separated by the os uteri internum, a kind of sphincter, the opening or mouth of the uterus. The cavity of the uterus is triangular; its parietes form curves, the convexities of which are internal. It is lined with a mucous membrane, although this is denied by many anatomists, but it may be regarded as now indisputably established, and is easily demonstrable in the impregnated state. The researches of Dr. Sharpey, Mr. Goodsir, and others, into the structure of the decidua vera, have shown that it is in fact nothing more than the mucous membrane; the follicles, blood-vessels, and the lining epithelium of the follicles all growing rapidly. The cavity of the cervix is fusiform, its lateral parietes constituting regular curves, the convexities of which are external. Its mucous membrane is thick and vascular, and studded with numerous mucous follicles.

The important function of menstruation is performed by the cavity of the uterus, and not by the cavity of the cervix, and is now generally supposed to be coincident with the separation of a mature

ovum from the ovaria. In a healthy woman, the uterus is in a state of passive congestion a day or two before, while they are present, and a day or two after the appearance of the menses. This congestion is of course the greatest in the most vascular part of the organ, viz. the cervix.

This brief reference to the anatomical and physiological character of the uterus, is necessary, in order to explain the pathological facts which we shall presently notice. Within a few years past, the researches of Dr. Robert Lee, Dr. Sharpey, Mr. Goodsir, and MM. Robert de Lambelle and Negrier, have thrown new light upon this subject, and with this knowledge as a starting point, none will be surprised to find from clinical observation, that inflammation of the *cervix uteri* is an exceedingly common disease,—that inflammation of the body of the uterus in the unimpregnated state is rare—and that leucorrhea, when chronic and persisting through the interval of menstruation, and a large proportion of the generally reputed functional diseases of the uterus that are met with in practice, as dysmenorrhea, amenorrhea, menorrhagia, and irritable uterus, are the results of local inflammation. We fully concur with Dr. Bennet in the belief, that statistical proof of this fact will not be long wanting to those who resort to physical means of investigation, and that their results will differ remarkably from the opinions of our classical authors on female diseases.

Acute inflammation of the non-impregnated, non-developed uterus, is regarded by all uterine pathologists as extremely rare, and Dr. Bennet believes that, “when it is no longer confounded with inflammation of the lateral ligaments, a mistake at present frequently made even by experienced practitioners, it will be found to be of even less frequent occurrence than it is now supposed to be.” This rarity is the natural result of the peculiar structure of the body of the uterus, its tissue being necessarily but slightly susceptible to inflammation. It may however be induced by arrested menstruation, sexual excesses, and the extension of chronic inflammation from the neck of the uterus, and also by physical causes, such as all kinds of surgical interference for uterine diseases, as cauterizations, the use of injections, pessaries, &c. It generally appears to affect the entire body of the uterus, differing in this respect from chronic metritis, but it seldom extends to the peritoneal investing membrane, as so often occurs in puerperal inflammation. Its local symptoms are deep-seated severe pain in the hypogastric region, with a very disagreeable sensation of pelvic weight and uneasiness, and generally severe pain in

the lower lumbar or lumbo-dorsal region. The cervix is always swollen, but not always sensitive to the touch; while the inflamed uterus is so exquisitely painful, that the slightest pressure through the vagina often produces nausea. The patient is unable to walk or even stand, and decubitus is always on the back. The passage of the *fæces* is attended with very great pain, especially when the motions are constipated, and there is often considerable dysuria. The general symptoms are, a hot skin, quick pulse, but not small and thready as in metro-peritonitis, thirst, headache, the tongue is covered with a white fur and continued nausea. Dr. Bennet remarks, "many practitioners are satisfied with the mere knowledge that there is inflammation in the lower abdominal regions, and treat the disease on general antiphlogistic principles, as inflammation of the bowels.—Treatment, however, which is based on such obscure notions of the real state of the patient, is apt to fall short of the necessities of the case, to partially subdue the morbid symptoms only, and to leave behind the seeds of future and more intractable disease." It is most likely to be confounded with inflammation of the bladder and inflammation of the lateral ligaments. The local symptoms peculiar to each, differ considerably, and its seat may be determined by a careful digital examination. Dr. Bennet gives the following directions for making this examination :

"By passing the forefinger of the right hand in the vagina, upwards, behind and above the pubis, and pressing with the fingers of the left hand over the lower abdominal regions, the state of the bladder may be directly ascertained. The bladder is then merely separated from the finger of the person who examines by the abdominal and vaginal parietes. If it is inflamed, pressure will occasion great pain, whereas if there be merely sympathetic irritation, the pain on pressure will be but slight." And again, in acute metritis, "the sensitive tumor is the immediate continuation of the cervix, occupying the median line, and is equally painful and evident on the right and on the left of that line, unless however the uterus be naturally lying transversely from right to left, as is sometimes the case, when the inflamed organ will extend more to the right than to the left side.—This is a very important practical point to determine, as in inflammation of the lateral ligaments the tumor formed by the inflamed tissues is generally applied, annexed as it were, to the side of the uterus, so as only to form one mass."

We regard Dr. Bennet's description of chronic metritis as particularly valuable, but the limits of this paper forbid more than a hasty allusion to it. Unquestionably it is a frequent cause of those displacements which attracted so strongly the attention of many

practitioners, and we very much doubt whether it is not the sole cause of the recently described retroflexions and antelexions. From its tendency to perpetuate its existence indefinitely, "as is the case with inflammation in all tissues of rather a low vitality, such as the bones, for instance," increased in this case by the periodical congestions of menstruation—from its reaction on the general health of the system, owing to the intimate connection of the uterus with the sympathetic nervous system, which presides over the functions of organic life, a knowledge of its causes, symptoms, progress and terminations, is of great practical importance. Dr. Bennet believes, and our own experience leads to the same conclusion, that chronic metritis is usually the result of the gradual extension of chronic inflammation of the neck to the body of the uterus. We quote the following from his excellent description of the symptoms of this affection, because in one instance we have known cancer to be diagnosed from the same symptoms, and this too, by those whose age and experience demanded from us at least a respectful consideration of their opinions.

On examining the womb digitally, in addition to the evidence of co-existing disease of the cervix, which is generally detected, if the finger is passed carefully behind, before, and on the sides of the uterus, carrying the cul de sac of the vagina before it, so as to explore the walls of the uterus, the seat of the disease is easily discovered. Instead of the finger passing from the base of the uterine neck on to a smooth, insensible surface, a continuation of the plane formed by the cervix, it meets with an exceedingly sensitive elevation or protuberance, sometimes quite regular, sometimes irregular and knotty. In the latter case, however, the nodosities that diversify the tumefied surface are all perfectly spherical—there are no knife-back ridges or sharp irregularities. Pressure on this tumefied surface is exceedingly painful. Occasionally there is no perceptible tumefaction, but merely an exquisite sensitiveness in a limited region of the uterus, pressure giving rise to the sensation of sickness. The womb is in most instances quite movable, but the attempt to move it is attended with great pain. p. 34.

In cancer the nodosities and irregularities are sharp and irregular, and are seldom sensitive to the touch.

Inflammation of the mucous membrane of the uterus, is extremely rare, according to Dr. B. Muco-pus issuing from the cervix, he considers due, in nineteen cases out of twenty, to inflammation of the mucous membrane of the cavity of the cervix, which does not extend beyond the os internum. If it does so extend the os internum is dilated. He does not regard its constriction even to such an extent as to render the introduction of the uterine sound impossible, as absolute-

proof of a morbid condition, contrary to the opinion of Dr. Simpson. The symptoms of internal metritis are exceedingly obscure, it being ordinarily complicated with inflammation of the cervix, its cavity, or of the substance of the womb. A *sero-sanguinolent* discharge Dr. Bennet considers nearly as characteristic of internal metritis, as the rust-colored sputa is of pneumonia.

Thirty pages of Dr. Bennet's work is devoted to inflammation and abscess of the uterine appendages,—the ovaries, fallopian tubes, and cellular tissue. As we intend to examine this subject more fully in a future paper, we will merely remark, in passing, that among all the recent contributions to this department of pathology, this is by no means the least valuable.

We next pass to a consideration of inflammation, ulceration, and hypertrophy of the neck of the uterus. This may be regarded as Dr. Bennet's own peculiar field, as to him we are indebted for the first full and accurate description, in the English language, of the most frequent of all the uterine diseases. With unusual opportunities for clinical experience, a decided genius for observation, great industry in collecting facts, and a philosophical appreciation of their relative value, Dr. Bennet has startled the profession with results, which revolutionize the whole subject of uterine pathology. By some,—by many, we are compelled to say,—his opinions have been skeptically received, his results unhesitatingly rejected, his practice unqualifiedly condemned. But on the other hand, some of the best uterine pathologists, both of Great Britain and America, are now teaching the same doctrines and adopting the same practice. From some experience, we are prepared to say, with a good degree of confidence, that the same results will be arrived at by all, who, possessing the requisite skill and acquirement, make use of the same means of investigation. In some important particulars, which we shall have occasion to allude to, we regard Dr. Bennet as far in advance of his French teachers and confreres.

Dr. Bennet believes that inflammation of the neck of the uterus with its sequelæ, is the "principal cause of various morbid states, which have hitherto been studied independently of such an origin ; as for instance, leucorrhœa, prolapsus and displacement of the uterus, painful, scanty, hemorrhagic and irregular menstruation, sterility, laborious pregnancy (?) and abortion, and general debility," and that it is also a "very common concomitant of polypoid growths, springing from or passing through the cervix, and of fibrous tumors developed in the substance of the uterus." He describes its causes, symp-

toms and progress. 1st, In the virgin female. 2d, In the pregnant female. 3d, During and after abortion and parturition. 4th, In advanced life, after the cessation of menstruation. 5th, As a concomitant of polypi and of fibrous tumors of the uterus. After alluding to the anatomical structure of the cervix, compared with the body of the uterus, as a predisposing cause of inflammation of the cervix, he refers to the physiological predisposing causes. These are, chiefly, an increase of the molimen hemorrhagicum, that precedes, accompanies, and follows the menstrual secretion, when it goes beyond its physiological limits and a sudden arrest of the menstrual secretion in the virgin—in the married state, the physiological congestion and excitement, which accompany intercourse, if too frequently renewed, and in some, when the uterine system is extremely sensitive, even when the bounds of discretion are not overstepped—and the increased vascularity and other changes of structure produced in the cervix by pregnancy, and its laceration and contusion from parturition. In short, any exaggeration or morbid modification of the functional and physiological states of the uterine system, may act as a predisposing cause of inflammation of the cervix.

The anatomical and local symptoms of inflammation of the cervix are described by Dr. Bennet both accurately and with sufficient minuteness of detail. We can only refer, in this place, to those local symptoms, which are so often misunderstood and misinterpreted,—as the pruritus vulvæ, oftentimes a severe and distressing symptom, always connected with erythematous or follicular inflammation, and almost invariably a symptom only of inflammation of the cervix extending to the vagina and vulva—rectal and vesical irritation, the former nearly always existing in chronic uterine disease, rendering the evacuation of the feces extremely distressing, and gradually inducing obstinate constipation; the latter sometimes arising from extension of the uterine inflammation to the bladder, in other cases, (where the uterine disease has reacted on the health of the general system, producing a depraved state of digestion, assimilation and general nutrition), arising from a morbid condition of the urine itself.

Inflammation and ulceration of the cervix is not always accompanied with pain, and when it is experienced, it is nearly always felt at a distance from the seat of the morbid action. A dull aching pain in the back in the lumbo-sacral region, sometimes scarcely perceptible, only amounting to what the patient calls a weakness, in other cases very severe incapacitating the patient for any exertion,

is, however, usually complained of. It also frequently exists in the ovarian region, and much more frequently in the left than in the right. Dr. Bennet says, "a dull aching, constant, circumscribed pain in the left ovarian region, is almost pathognomonic of inflammatory ulceration of the cervix uteri." Pain is also sometimes experienced in the lower hypogastric region, behind and above the pubis.

The functional symptoms of inflammation of the cervix, are those connected with menstruation and pregnancy. Menstruation is usually painful—the pain persisting through the whole menstrual period. The secretion becomes either abnormally scanty or abundant, and irregular as to its appearance and duration. Sterility is a very frequent, although not an invariable result. The disease in question is also the most frequent cause of the repeated abortions that occur to some females in the first few years after marriage. In some cases, there is entire absence of all sexual appetite and feelings—sometimes carried to such an extent as to inspire feelings of disgust and loathing—a fruitful source of unhappiness in married life. With some, congress is painful, or, if not accompanied or followed by pain, a feeling of general weakness or mental depression is subsequently experienced. Some, however, in all forms and stages of uterine disease, continue to live with their husbands as usual.

The most prominent of the sympathetic or constitutional symptoms of inflammation of the cervix, arise from a modified or depraved performance of the functions of the stomach, the liver, and the kidneys. Sometimes pulmonary or cardiac symptoms are manifested to such a degree, as to attract the principal attention of the patient and friends.

"The local symptoms may be absent, or nearly absent, and the uterine malady only reveal itself by the constitutional or sympathetic reaction." As a digital or specular examination is extremely repugnant to the feelings of all females, it is extremely important that the value and significance of all these symptoms be fully understood, and the uterine history of the patient be carefully investigated.

We are authorized, says Dr. Bennet, to suspect the cervix to be affected, from the isolated existence of any of the following symptoms—sterility, increased pain during menstruation, a great change in the duration or amount of the menstrual secretion, slight continued pain in the lumbar or ovarian regions, bearing down, a permanent vaginal secretion, pain in congress, modified uterine sensibility, &c. Indeed, any one of the various symptoms which I have enumerated and described, may exist alone, in a slight form, as the sole local indication of the existence of inflammation and ulceration.

The existence of inflammation and ulceration of the cervix in the virgin, has been strenuously denied. In the first edition of this work, Dr. Bennet expresses his opinion on this point with doubt and hesitation. Since the publication of that edition, he has become convinced, by clinical experience, that it is not an uncommon disease in the virgin, "and that to it may be referred most of the severe forms of dysmenorrhea, which resist the ordinary modes of treatment, and most of the cases of inveterate leucorrhœa in the virgin, which are connected with great general debility and prostration." That it may exist, we are certain, from our own experience; and, in more than one instance, we have had the opportunity of demonstrating its existence to other practitioners. It happens to most medical men to meet with most distressing and intractable cases in unmarried females, attended with strange, anomalous and hysterical symptoms, the source of which is to them an entire matter of doubt. The means of friends are exhausted, the patience of physicians is worn out, and the poor victim is doomed not only to a short and utterly useless life for herself, but a positively calamitous one for her friends. Believing that a very large majority of such cases arise from inflammatory disease of the cervix uteri, we regard the profession as greatly indebted to Dr. Bennet for calling attention to a disease of not unfrequent occurrence, but the existence of which had previously been wholly unsuspected. It is not even alluded to by the French pathologists who have written on uterine disease. For a description of its characteristics in the virgin, and a detail of four very interesting cases, we must refer to Dr. Bennet's book. The following extract will show that our author is no advocate for culpable and unnecessary intermeddling.

The manual and instrumental examinations, imperatively necessitated by the presence of extensive physical lesions in the deep-seated uterine organs, are at all times repugnant to female delicacy; and their proposal, under any circumstances, can only be warranted by the serious nature of the case; but the scruples of the medical practitioner must be increased tenfold, when the sufferer is a virgin female. If, however, he is satisfied that his patient is laboring under a disease which is destroying the very sources of health, and the disastrous effects of which can only be corrected by physical examination, it would be a dereliction of duty, as well as false and culpable delicacy, not, if possible, to overcome all obstacles, whatever may be their nature. No such feeling prevents surgical relief being offered to young females suffering under the diseases of other regions of the economy—the anus, the rectum, or even the external genital organs, for example, where treatment is nearly equally repugnant—nor

should it in this instance. It is, however, of the utmost importance that no physical examination should be even thought of in an unmarried female, unless there be next to a moral certainty that inflammation and ulceration of the uterine neck actually exist. Fortunately, a practitioner, familiarized with the disease, may generally acquire this conviction by oral examination of the patient, and by a careful and judicious appreciation of all the elements of the case.

The frequent existence of inflammatory ulceration during pregnancy, and as a common cause of abortion, was first noticed by M. Boys de Loury, of Paris. The attention of the profession was directed to it by M. Costilhes, one of his house physicians, in a thesis sustained before the Paris Faculty of Medicine, in 1843. After that time, Dr. Bennet's attention was specially directed to its elucidation, and in 1846, he read a paper before the physiological section of the British Association, at Southampton, in which he maintained that inflammatory ulceration is the keystone to the diseases of pregnancy, and the most general cause of laborious pregnancy (?)—obstinate sickness, moles, abortions, miscarriages, and hemorrhage. Mr. Whitehead, in his valuable work on Abortion and Sterility, published in 1849, has strongly corroborated these views, so far as abortion is concerned. In 318 cases of abortion, he found this disease of the cervix to be the cause in 275. Dr. Bennet believes, that in these cases it generally exists previous to pregnancy; and that, although it usually renders young married women sterile at the onset of their married life, it is not invariably a barrier to conception in those who have previously conceived, but a fruitful cause of abortion. He regards, also, the *apparent* menstruation of some, for some months after conception, as due to this source. The progressive development of the uterine tissues, the softening of the cervix, and dilatation of its cavity, during pregnancy, render the recognition of inflammation and ulceration much more difficult than in the unimpregnated state. The local and anatomical symptoms are nearly the same as those which are observed in the non-pregnant state, but more or less modified or obscured by the changed condition of the uterus. The general symptoms are ordinarily, but not invariably, more severe. The general health is broken down—the patient loses her appetite, rest, strength and flesh. The usual sickness of pregnancy is aggravated, sometimes, to such an extent, as to render it necessary to bring on premature labor, in order to save the life of the patient. We believe that Dr. Bennet is the first to call the attention of the profession to the fact, that many of the morbid phenomena which attend abortion and

labor, are the result of this disease of the cervix. Where inflammatory induration exists, we are at once prepared to believe, that it may bear the relation of cause and effect, to rigidity of the os during labor, and to laceration and abrasion of the cervix, which frequently occurs. Laceration of the neck may often happen in difficult labor, and this, in turn, induces the inflammatory affection after confinements of this description. In these cases, we have hemorrhage, continuing for weeks, instead of the ordinary lochial discharge; and when this ceases, the flow of blood is replaced by a profuse purulent discharge. The patient is left weak and miserable, and unable to make the slightest exertion. She feels a constant sensation of weight and bearing down, whenever she attempts to rise and walk, and she is doomed to months of suffering, or the constitution breaks down, and she remains a miserable invalid, at least until after the cessation of menstruation. The impression is very general, both with the public and the profession, that pregnancy temporarily arrests the progress of phthisis, to be followed by an increased rapidity of development. We do not say that this idea is wholly wrong; indeed we believe it to be founded on fact. But we are very certain that the cause of this increased rapidity of development is not always appreciated. From some cases which have fallen under our observation, we have been led to suspect, that the constitutional degeneracy which so remarkably favors the tuberculous development, is not unfrequently the result of these inflammatory affections of the cervix uteri. As an illustration, we may be pardoned for alluding, in this connection, to the case of a lady who was prematurely confined (in the eighth month of pregnancy) with her third child. She had previously enjoyed good health, but, since her confinement, pulmonary symptoms have rapidly appeared. Two weeks since, she came under our care, with an urgent cough, a copious muco-puriform expectoration, exhausting night sweats, debility and emaciation, with the usual physical signs of acute suppurative phthisis. From learning that there had been a constant uterine hemorrhage since her confinement, we were led to inquire closely into her past uterine history; but the only suspicious commemorative symptoms were, bearing down, leucorrhœa, and pain from sexual congress, for some six or eight months past. On examining digitally, and with the speculum, a large bleeding ulceration of both lips of the cervix, extending also into the cervical cavity, was clearly revealed. The ulceration has been twice freely cauterized, and, under the use of the cod-liver oil, and other appropriate treatment, there is already a manifest improvement in her symptoms.

Within the past two years, we have had three other cases, parallel with this, in many respects. In all cases of a rapid development of pulmonary disease following premature labor or abortion, we would urge the importance of a thorough investigation of the uterine condition.

Dr. Bennet devotes a chapter to "inflammation and ulceration of the neck of the uterus in advanced life, after the cessation of menstruation." From the physiological changes which take place in the uterus after the cessation of menstruation it cannot be of very frequent occurrence, while the absence of some of its most prominent symptoms in younger subjects, as bearing down, leucorrheal discharge, &c., renders it probable that it often exists when unsuspected by the medical attendant. The peculiar backache of uterine disease, however, Dr. Bennet has "frequently found more intense in women thus advanced in life, than in younger persons, although the latter generally present much more extensive disease." We suspect that it must be very difficult of recognition by a digital examination, as the cervix in this class of subjects, even when the disease exists, is not hypertrophied, but atrophied and indurated, and the velvety sensation of ulceration is frequently absent. We have never recognized it in patients of this class, but since we have studied Dr. Bennet's chapter, we confess to serious misgivings lest we have not done our duty to some of our patients. We can recall to mind several in whom we have suspected it, but contenting ourselves with a digital examination, we have failed in diagnosing it. We shall, by and by, have occasion to speak of the peculiar characters of the lobular indurations which distinguish this affection from malignant indurations. Dr. Bennet has found this form of ulcerative inflammation more intractable to treatment than that which is met with in younger females.

The tendency of the mucous membrane of the cervix uteri to take an inflammatory action in connection with polypus and fibrous tumor of the uterus, was first pointed out by Dr. Bennet in the *London Lancet*, July, 1845. Subsequently Dr. Montgomery, of Dublin, published a paper in the *Dublin Quarterly Journal*, corroborating the same views. It is not surprising that polypi or fibrous tumors should excite inflammatory action, by the irritation which they produce, or that it should often follow the surgical means which are resorted to for their removal. Many have been disappointed, no doubt, in not finding their patients completely recovered from the symptoms, which they have attributed to polypus, after its removal, who will

now be aware of the probable complication of this affection of the cervix, and will be ready to adopt the necessary means for its restoration to a healthy state. Dr. Bennet remarks: "In the cases in which the tumors can be removed, the patient is only half cured if extensive inflammatory lesions are allowed to remain, whilst in those in which the tumor is beyond the reach of instrumental means, the only chance we have of arresting its increase and of restoring the patient to tolerable health, is our being able entirely to subdue all inflammatory action in the uterine system, thus bringing it to a state of quiescence."

From the following case, which we abbreviate from a report of ours, which was published two years since, it will be seen that the inflammatory condition of the cervix cannot always be subdued without a removal of the source of irritation which gives rise to it. The patient was the mother of three children, the youngest six years old, since the birth of which she had never conceived. She was pale, feeble, and emaciated from a menorrhagia of three years' standing. It had been several times arrested for a short period, only to recur again with increased violence. The slightest exertion, as going up stairs or riding in an easy carriage, would frequently bring on a sudden and profuse discharge of blood. In the outset a polypus was suspected, but on examination, nothing was found to confirm the suspicion. The cervix was moderately tender to the touch, the orifice open, admitting the ungual portion of the finger, with apparently a very superficial induration of the anterior lip. On examining with the speculum, a superficial ulceration of some extent was discovered, involving both lips of the cervix. The ulceration was soon cured, but not so with the uterine hemorrhage. This continued, although not the slightest disease of the cervix could be discovered by repeated and careful examination, both by the touch and with the speculum. She became subject to repeated attacks of hemorrhage, and her general health was fast breaking up. Thus the case went on for four months, when we met with the article in the *London Lancet*, by Dr. Bennet, on ulceration of the cervix uteri accompanying polypus. Another examination was made with the speculum, separating the lips of the cervix, so that a portion of its cavity was distinctly seen, but nothing could be detected indicating the existence of a polypus. On attempting to examine with a probe, so much hemorrhage came on that it was necessary to desist from farther exploration. She was so much exhausted by this examination that she kept her bed for a week, and three weeks were allowed to pass before she was again subjected to

another examination. At this time a sponge tent was introduced into the cervix and retained in its place by filling the vagina with old linen, and this was allowed to remain, she keeping her bed for two days. The last day she suffered from pains which she described as being exactly like labor pains, only more severe than she had ever experienced. On removing the tampon and sponge, a profuse discharge of blood took place. After waiting some two hours, the speculum was then introduced, the lips of the cervix, the cavity of which was a good deal dilated, were separated, when the cause of her trouble was apparent, although imperfectly so from the constant oozing of blood. With a good deal of difficulty we succeeded in twisting and pulling off, with the forceps, a vascular polypus a little larger than a hickory nut. Symptoms of acute metritis, requiring active treatment for a few days, came on directly after the operation, followed again by ulceration of the cervix, which yielded readily to cauterization with the nitrate of silver. Her restoration to health was slow but complete.

The limits of this paper will not permit us to examine particularly the connection between vaginal and vulval inflammation and disease of the cervix. Dr. Bennet believes, on a careful examination, that when not of blenorrhagic origin, they will nearly always be found connected with extensive disease of the cervix uteri. In some cases of vulval inflammation, that we have seen, it would be extremely difficult to ascertain this point, either by a digital or instrumental examination, from the intense pain which it would produce. They are certainly most intractable to treatment.

Dr. Bennet devotes a chapter to the connection between inflammation of the uterus and its neck and functional derangements and displacements of the uterus. The functional derangements that indicate the morbid conditions of the uterus which we have been considering, only have a relative value as a means of diagnosis, as they are always accompanied by local or general symptoms. We think the following propositions fairly represent Dr. Bennet's views, and will be deemed valuable and interesting. A white leucorrhœal discharge, unaccompanied with local or general symptoms, and appearing only just before and just after menstruation, is of no importance. A muco-purulent discharge is always accompanied with local or general symptoms which renders the existence of inflammation certain. A ropy, transparent discharge, in any quantity, is a certain sign of inflammation of the cavity of the cervix. Pus indicates severe ulceration or inflammation. The absence of all leucorrhœal discharge

does not prove the absence of inflammation and ulceration, as many cases exist without any discharge.

We shall reserve for the next number of the Journal the consideration of the displacements of the uterus, hysteria, chlorosis, and the diagnosis and treatment of inflammatory affections of the uterus and its cervix. We have as yet had no occasion to allude to our French authors, and, indeed, as compared with Dr. Bennet, they demand but little attention. But in our next we will endeavor to do them full justice.

B. F. B.

(To be continued.)

ART. IX. *History, Diagnosis, and Treatment of Edematous Laryngitis*. By ELISHA BARTLETT, M. D., Professor of the Theory and Practice of Medicine in the University of Louisville. Prentice & Weissinger, 1850. 8vo., pp. 32.

WE have read this essay with interest; not because it contains any thing new, or because it adds any thing to our existing knowledge in relation to the disease of which it treats, but because the subject is one of importance, and because it is not noticed in our ordinary books of practice as fully as it deserves. Dr. B. does not appear to have seen much of the disease himself, and his essay is confessedly a compilation from French authorities. Following in their track, Dr. B. has adopted a name for the disease which we have always thought objectionable—*Edematous Laryngitis*. The disease described by Dr. B., is nothing more nor less than inflammation of the larynx, followed by effusion into the cellular tissue underneath the mucous membrane. If so, the œdema is nothing more than a symptom or consequence of the original disease. To give it a name, therefore, simply from this feature, has always appeared to us not merely unphilosophical, but calculated to mislead the student in relation to the real nature of the affection. Let us apply this kind of terminology in other cases, and see how it would answer. A man has disease of the heart, œdema of the legs occurs, as a symptom or consequence. How would it do to call it *Edematous Corditis*? Again, a man has disease of the liver, effusion into the cavity of the abdomen follows. How would it do to call it *Dropsical Hepatitis*? These cases are precisely analagous, and the terms would be just as appropriate in the one case as the other. It may be said, this is mere verbal criticism; we think not. Words are the representatives of things,

and if we look over the history of medicine, we shall find that a large proportion of the errors which overrun our science, have arisen from the misapplication of terms, or a false nomenclature. In no case has this been more strikingly illustrated than in that of dropsy—the very disease under consideration. If we examine the books of nosology, we shall find dropsies erected into regular diseases, and treated of accordingly. Thus we have ascites, hydrothorax, &c. Now, we all know that these are merely symptoms and consequences of other diseases, and should be so considered, if we hope to treat them successfully. By many, hydrocephalus is even yet looked upon as an idiopathic disease, instead of its being a mere consequence of arachnoid inflammation. Now, in all these cases, the *name* has helped greatly to perpetuate erroneous notions, and it is on this account that we enter our protest against what we conceive to be so in the present case.

Although we thus object to the *name* adopted by Dr. Bartlett, we are happy to state that we concur in the main in his views in relation to the *nature* of the disease. These we shall quote.

Under the head of "*General Symptoms*," he says—

These are neither constant nor important. In some cases there is more or less febrile excitement; in others it is altogether wanting.

Again, under the article "*Theory*," he says—

I do not think there can be any reasonable doubt as to the nature of this disease. Two principal opinions have been adopted in regard to it. One of these is that the disease is a simple dropsy, and that when inflammation is present this is accidental. This was the doctrine of Bayle. He regarded the disease as essentially unlike laryngitis. The other opinion is, that the disease is inflammatory, and that the cellular infiltration is the result of inflammatory action. I think this view is the true one. It is very ably, and I think quite conclusively argued and illustrated by Valleix. The principal reasons for it are these:—In many cases there is pus in the cellular tissue; these cases must at least have had an inflammatory element in them. In many cases, the infiltration, even if wholly serous, is evidently connected with, and dependent upon, some local inflammation in its immediate vicinity. The fact seems to be, in these cases, that a slight degree of inflammatory irritation spreads from the original inflammation to the loose cellular tissue about the glottis, and thus gives rise to the effusion. I do not say that there cannot be, or that there is not, occasionally, an instance of pure, non-inflammatory œdema of the glottis. Such an assertion would not be in accordance with our rigorous and positive philosophy. I only mean to say, that in very many cases, there is conclusive proof of the inflammatory character of the disease, and that in those where this

proof is wanting, the fairest and most rational interpretation of all the phenomena is in no way inconsistent with this doctrine. No fact in pathology is better established, than that many inflammations, especially those of recent occurrence, and of moderate or slight severity, like that under consideration, leave no traces or results that are appreciable after death. The conclusion to which I come, then, is this, that œdema of the glottis is the result of an inflammatory action, more or less violent, spreading in many cases from an original inflammatory centre in the neighborhood of the glottis, or extending from the mucous membrane covering the infiltrated tissue.

It is gratifying to us, to find that the same view of this subject, substantially, was taken many years since by a writer of our own city, Prof. John B. Beck, in an Essay which he wrote on *acute Laryngitis*.* As Dr. Bartlett does not even allude to Prof. Beck by name, we presume he has never seen or read the Essay above alluded to. He will no doubt, therefore, be pleased to see the following extract. After giving the ordinary symptoms of the diseases, Dr. Beck says:—

I have hitherto said nothing of the symptoms of general febrile or inflammatory excitement as characterizing this disease, because, although in many cases they are very striking, yet in others they are wanting, and in some of the very worst cases they do not make their appearance from the commencement to the termination of the disorder. So striking indeed is this latter fact, that by Bayle it is considered as constituting a positive evidence of there being two distinct affections, to which the larynx is subject; the one being a simple œdema of that organ, while the other is the inflammatory affection of the mucous membrane, described by Boerhaave and other authors.—To myself, however, there does not appear to be any just ground for this distinction. In all the cases recorded by Bayle, and which are precisely similar to those of Baillie, Farre, &c., there can be no question that the disease was primarily and essentially a subacute inflammation of the mucous membrane of the larynx, and the œdema was nothing more than the consequence of this inflammation—being an effusion into the cellular tissue lying underneath it, and connecting it with the surrounding parts. Looking upon it in this point of view, it is easy to account for the absence of febrile symptoms, as well as for the fatal nature of these cases. The effusion relieves, to a certain extent, the local inflammation, and thus prevents reaction; at the same time that it mechanically closes the rima glottidis by the distension which it occasions, and thus destroys the patient. If the inflammation of the laryngeal membrane, on the other hand, be greater, general febrile and inflammatory symptoms may come on, and

* Vide New York Medical and Physical Journal, Vol. 3rd, 1824, and New Journal of Medicine and the Collateral Sciences. Vol. 10th, 1848; p. 156.

instead of this passive infiltration in the subjacent cellular tissue, it may terminate in the effusion of coagulable lymph on the surface of the membrane, and sometimes in ulceration and destruction of the parts. If this view be correct, it is evident that the only difference in these cases consists in the degree of inflammation, and the consequences of it, resulting from the peculiar structure of the larynx, and not, as Bayle supposes, in any specific difference of disease.

Under a distinct article, Dr. Bartlett professes to give the History and Bibliography of Edematous Laryngitis. He notices, however, only three or four French authorities, and one would be led to infer that British and American physicians were totally ignorant of it, or at any rate had given nothing to the public on the subject. Dr. Bartlett here has not done himself justice. If there is any disease which, in proportion to its infrequency has, since the time of Matthew Bailie in 1808, been kept continually before the notice of the profession, in Journals and Medical Transactions, it is this very one of Laryngitis. This has been the case, both in England and in this country. In this country, too, an elaborate essay (already alluded to) on the subject was published by Prof. Beck of this city, in which all the important points in relation to this disease were fully discussed. That Dr. Bartlett should have omitted all notices of English and American literature on this subject, through design, we do not for one moment suppose—but we are sorry to say that it looks like a want of familiarity with the subject, which is altogether inexcusable in a person who professes to give a “history and bibliography” of it.

At the close of his Essay, Dr. Bartlett calls particular attention to the successful operations recently performed by Dr. Gurdon Buck, of New York, of scarifying the part in cases of œdema of the glottis. We are gratified to see that here he does ample justice to one of his countrymen.

BIBLIOGRAPHICAL NOTICES.

ART. X. *Southern Medical Reports ; consisting of General and Special Reports on the Medical Topography, Meteorology, and Prevalent Diseases in the following States : Louisiana, Alabama, Mississippi, North Carolina, South Carolina, Georgia, Florida, Arkansas, Tennessee, and Texas.* To be published annually. Edited by E. D. FENNER, M. D., of New-Orleans. Vol. 1st, 1849. New-Orleans, B. M. Norman: New-York, S. S. & W. Wood. 1850. Svo. pp. 472.

This work, which we announced to our readers in the last number, as being in press, is now before us, and right glad are we to see it. It comprises, as its title clearly indicates, a very interesting and important class of subjects. The medical topography and diseases of the Southern States has, for more than half a century past, been sadly neglected, as will be clearly seen by examining the periodical literature of the country, in which is recorded nearly all that has been written on these subjects. When we remember the fact that—in the language of Dr. Fenner, in his introductory address—"a century ago, the South could boast of distinguished physicians, who took the lead in the cultivation of medical science in America," is it not surprising that there should since have existed, until within the last ten years, so much inactivity and indifference in this department of medicine? Seeing, then, a necessity for a more thorough and extended acquaintance with the history of diseases in that portion of our country, we hail with pleasure this attempt to stimulate the physicians of the South to a more zealous and energetic prosecution of the noble science to which they have devoted their lives.

There is in this volume much that should claim our attention ; want of space, however, forbids our taking on the present occasion, any thing more than a cursory glance of its leading contents :—and, first, of Reports from Louisiana. There are under this general head thirteen articles, embracing, among other things, the medical topography, meteorology, and prevalent diseases in New-Orleans, for the year 1849 ; an account of the inundation of the same, in 1816 ; a chapter on the hydrography of the Mississippi River ; the Annual Report of the New-Orleans Board of Health ; a Special Report on the Fevers of New-Orleans, for 1849 ; the statistics of all diseases in

the Charity Hospital of New-Orleans, for thirty years, from 1820 to 1850, inclusive (?); a report on Epidemic Colic, which prevailed in New-Orleans in 1849. Besides these, there are several papers on Cholera; together with a sketch of the public institutions of New-Orleans at the present time. Among these articles, there are some which will particularly claim the attention of the reader, viz., the report on the topography, meteorology and diseases of New-Orleans, which is from the pen of the editor; the report on epidemic colic, by the same; and the report on cholera of Lafourche Interior, by Dr. Booth. This latter paper contains a vast amount of careful inquiry—and will be read with a good degree of interest by every anxious inquirer after truth.

Reports from Alabama—Under this head, four articles are embraced; they all possess much interest, and may be read with profit.

Reports from Georgia—three in number—the first of which, on the climate, topography and diseases of Middle Georgia, is remarkable for its general scope and clearness of thought, and is not surpassed by any other report in the volume. Future contributors to Dr. F.'s reports, would do well to take this as a model for theirs.

The reports from Mississippi—in which are included five articles—are principally occupied with the consideration of cholera. That of Dr. Farrar, on the topography, meteorology and diseases of Jackson, will claim particular attention.

Reports from Tennessee.—There is one report from the physicians of this State; it is by Dr. Shanks, and is occupied with a consideration of the commencement, prevalence, fatality, treatment, &c., of pestilential cholera in Memphis, and with the prominent facts bearing upon the unsettled question of its imported or domestic origin. Many of the facts reported in this paper are of great interest, and ought not to be overlooked by those who are investigating the obscure phenomena of this awful disease.

Reports from South Carolina.—Four articles are embraced in this division. The first, on the country fever of Charleston, by Dr. Simmons, is deserving of careful perusal; and this, too, however much objection may be entertained to the appellation which he gives the disease—the terms used by our Charleston brethren—"country fever." "Stranger's fever" ought to be banished from their medical literature—at least, medical men wish and desire a uniform nomenclature; and this, setting aside all fear, should always characterize their professional writings.

Reports from Texas.—In this division there are two excellent articles from the surgeons of the army. The first, by Dr. J. J. B. Wright, on the topography of San Antonio, and the epidemic cholera that prevailed there in the spring of 1849; and the second, by Dr. N. S. Jarvis, on the rise, progress and decline of the same disease in the Valley of the Rio Grande. These two reports will claim, from the readers of the work, a careful perusal. They are admirably drawn up, and contain an amount of information relating to the medical topography of that country, which can nowhere else be found.

The reports from this State close the division of reports; after which follows several extracts from foreign journals on the uses of quinine and calomel; remarks on medical colleges, especially in the South and West; and an enumeration, with remarks, of the Medical Journals of the United States. In the preparation of this interesting volume, its able editor has evinced great perseverance and zeal in the arduous and praiseworthy undertaking in which he is engaged; and we shall be disappointed if it does not receive the approbation of the profession, and especially of the southern portion of it, for whose literary and practical advancement it was conceived and brought forth. The general typographical appearance of the work is good. There are in it, however, several errors in typography, which we should have been much pleased had they not existed, and the necessity of our alluding to them thereby done away with. From our own personal knowledge, we feel satisfied that this could not have been otherwise, under the circumstances which attended its passage through the press.

ART. XI. *Medical Jurisprudence*. By ALFRED S. TAYLOR, F. R. S., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Second American, from the third London edition.—With notes and additions. By R. EGLESFIELD GRIFFITH, M. D., &c. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 670.

WE are pleased to see a new and improved edition of this work, if it were for no other reason than the evidence it furnishes of the growing disposition of medical men to cultivate this important branch of medical science—one which conduces in no small degree to the furtherance of the usefulness of our profession, not only in advancing the ends of justice, but also in demonstrating the actual necessity of a state in our science more exalted than that of empiricism. However

easy it may be to define the principles of common law, and place them upon a settled and firm basis—this much is certain, that there are in the medico-legal applications of these principles, difficulties which scientific medicine alone can solve. Upon the medical man there must rest frequently responsibilities big with results. Mr. Taylor, in the preparation of this work, and more especially in the edition of which this is a reprint, has kept in view the important fact that an intimate relation does exist between the general science of medicine and certain of the principles of civil and criminal law, and in doing so, has produced a work worthy of a place in the library of every physician.

In the edition before us he has made very extensive additions ; a large portion of it we perceive has been re-written, and some seven or eight chapters added. As the general doctrines of medico-legal science stand unaltered, it can only be expected that discoveries would take place in points relating to their application, through the improvements made in Chemical, Microscopical, and Pathological researches, and the aids which these latter furnish in the detection of crime, &c. That new cases would continually occur, which in some of their bearings must furnish precedents of great value, all will admit. These it becomes necessary to record, in order that the medical jurist may not be deficient in a knowledge of the application of the means at his disposal. Mr. Taylor claims that he has spared no pains in order to keep the work on a level with the advanced state of science ; and this, we are satisfied, he claims not without reason ; as the following enumeration of additions which we copy from the preface will show.

The section on Poisoning will be found to contain a description of many new tests and processes, as well as many additional facts connected with the actions of poisons on the human body. In the section on Wounds, additions have been made on the following subjects :—The medico-legal examination of wounds :—physical, chemical, and microscopical evidence in reference to blood-stains :—on imputed or self-inflicted wounds :—medico-legal facts connected with the fatal results of surgical operations :—medical responsibility and malpraxis :—death from the entrance of air into the veins :—ruptures of the kidney and urinary bladder :—spontaneous fractures :—wounds from fire-arms not loaded with ball :—varieties of burns :—injuries from melted metals :—and on injuries (simulating wounds) caused by fire, for an important paper on which he is indebted to Mr. T. B. Curling, surgeon of the London Hospital.

In the section on Infanticide, the reader will find additions to the

chapters on :—the death of the fœtus before respiration :—on the alteration in the chemical composition of the lungs by respiration :—on marks of violence, and on the detection of food in the stomach as signs of life, birth :—additional observations on the hydrostatic test :—on the newly-discovered fallacies of the *Docimasia Circulationis* :—the congenital closure of the ductus arteriosus and foramen ovale :—and on the occurrence of severe accidental injuries to the child during birth. We see that there is appended to each of the chapters under this section a concise summary of the principal conclusions to be derived from the facts and observations contained therein.

In the chapters on Pregnancy and Delivery, we see that there are additional cases and observations on the plea of pregnancy, and on the signs of delivery in the dead, in cases of criminal abortion. Many additional facts have been recorded in reference to the medico-legal bearings of the Cæsarean operation, tenancy by courtesy, and age and minority. In the chapter on Legitimacy, we find recorded the evidence given on some important trials of recent occurrence, which evidence has, according to Mr. T., rendered it necessary to re-arrange the hitherto ascertained facts regarding premature and protracted births—the determination of the period of uterine life, from the development of the offspring, as well as certain questions connected with paternity.

In the section on Asphyxia, new cases illustrative of the medico-legal difficulties connected with the proofs of drowning, hanging, strangulation and suffocation, are introduced; and the chapter on Poisonous gases and vapors has been at least in part re-written.—Thus it will be seen that this edition is much fuller and more complete than any of the preceding; but as it appeared in England in the latter part of the year 1848, the editor, Dr. Griffith, has added numerous notes and observations, thus rendering it a useful and important guide in Legal Medicine—one which contains most of the important facts relating to the science known previous to the close of the year 1849.

ART. XII. *Transactions of the Medical Society of the State of New-York*, during its annual session, held at Albany, February 5th, 1850. Albany: Weed, Parsons & Co., Public Printers. 1850. 8vo. pp. 280.

THE first two articles in this number of the transactions for the past year, are from the pen of Dr. A. H. Stevens, the President.

The theme of the first is *Public Health*. It was a happy hit that the able President made, when he seized upon such tangible points to show the legislators of our State the great value of our profession to the public weal. He has in this address pointed out and shown them clearly the relative relations of the one to the other, and proved most conclusively the value as well as the necessity of an enlightened and educated profession in advancing the real value, aims and ends of life, and therefore developing the pecuniary resources of the State. In the second article he presents a plea for the contagious or communicable character of Cholera. This paper is short, but is characterized by the usual originality of thought of its author, and no doubt has claimed from the profession, ere this, a careful perusal.

The third article is a revised and re-written Historical Sketch of the state of Medicine in the American Colonies, from their first settlement to the period of the Revolution, by Prof. J. B. Beck. It is an able and instructive paper, and should be read by every member of the profession. It presents facts that have been rescued from oblivion, with a careful, accurate, and truthful hand. On a future occasion, perhaps in the present number, we shall notice it somewhat at length.

Article fourth occupies some twenty-five or more pages of the transactions, and is entitled "Contributions to the Vital Statistics of the State of New-York," by Lemuel Shuttuck, Esq., of Boston. It is an able and carefully compiled contribution, and shows very conclusively that a more efficient and effectual mode of making census returns is necessary, in order to render useful, to the sanitary condition of the State, such returns. An efficient system of registration lays at the basis of all sanitary laws. "Without it no accurate information concerning the population or its sanitary condition can be ascertained," and with it useful deductions might be made that would serve to place a proper estimate upon the value of life to the State, in developing and extending its pecuniary resources.

Article fifth next claims our attention. It is the Annual Address delivered before the Albany County Medical Society, for the year 1849, by Dr. J. McNaughton, and presents a history of Cholera in Albany during the year. From this address we extract the following statistics, which embrace a resumé of three epidemics of the disease in that city: "In 1832 the first case occurred on July 3d, and ceased as an epidemic about the 15th of September, less than two months and a half. The number of cases from July 3 to Sept. 1st, was 1147; the deaths 401. A few straggling cases occurred from the middle

until the end of September ; the whole number of deaths that month were 21, making in all 422 deaths in a population of 28,000. In 1834, the first case occurred July 28th, and the last reported on Sept. 15th, less than 50 days ; whole number of cases 125 ; deaths 78, more than one-half. This season the first case occurred on the 5th of June, and the whole number of cases has been 838, and the deaths 334 in a population of near 50,000. In all other respects it has resembled the first, affected the same localities and the same class of people. In every case reported to the Board of Health, when the manner of attack was stated, diarrhœa, for a longer or shorter time, preceded the attack of cholera."

On the subject of contagion, Dr. McNaughton says: "I think the evidence is conclusive, that the extension of cholera is not dependent upon contagion ; but I am not quite satisfied that it is not sometimes so communicated ; that is, that the agent which gives to cholera its peculiar character, is not sometimes multiplied in the human body, as other morbid poisons are, and capable of acting upon persons predisposed, who come fairly within its influence."

The report of the Standing Committee of the Society, on Hygiene and Medical Statistics, by Dr. C. A. Lee, comprises article sixth. In it Dr. L. alludes to the necessity which exists for a reform in matters relating to public hygiene ; "to the deficient ventilation in our public and private houses, especially school-houses ; to the deficient drainage and cleansing in our cities and principal towns ; to the scanty and imperfect supply of pure water—to the toleration in the midst of densely populated cities, of slaughter-houses, soap, lard-oil and candle-factories, gas works, and various chemical establishments, such as for making acids, and friction matches ; lead and copper smelting works, &c., from all which deleterious gases and vapors are constantly emanating to poison the atmosphere ; the congregating of the poor in damp, filthy, ill-ventilated courts, alleys, and cellars ; and their over-crowded habitations reeking with filth, vice, and pestilence ; to the distillery slop dairies, which daily supply large quantities of diseased and disease-producing milk to the poor of our large cities ; to the existence of burial grounds and cemeteries in compact parts of our cities ; to the general violation of hygienic laws as connected with food and drinks, exercise, sleep, personal cleanliness, dress, mental application, and bodily labor." He observes very justly "that in these and many other particulars that might be mentioned, we have abundant evidence of the necessity and importance of spreading additional information before the people, which may serve as an incentive to further sanitary efforts, both public and private.

Article seventh, on the Vital Statistics of the City of Brooklyn, by Dr. Goodrich, has already been published in this Journal. (Vide vol. 4, N. S. p. 269.)

The eighth article is on the Medical Topography of the county of Montgomery, by Dr. Joseph White. It is a very worthy and practical paper. Following it is an analysis of the Byron Acid Spring, near Batavia, by Dr. Geo. Hand Smith. This article may be found in the American retrospect of this number. Article tenth is a report of Dr. Blatchford's case of premature labor, artificially induced with successful results. This paper was originally published in this Journal. (Vide vol. 4, N. S. p. 173.)

Beside the foregoing, there are nine other articles, each of which we had intended to have noticed in this place. Want of space, however, compels us to refrain from doing so. In the American retrospect of this number the reader will find extracts from some of them.

ART. XIII. *A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America ; as they appear in the Caucasian, African, Indian, and Esquimaux varieties of its population.* By DANIEL DRAKE, M. D. Cincinnati : Winthrop B. Smith & Co. 1850. 8vo. pp. 878.

THE above is the title of a long-promised work—one in the collection of materials and preparation of which, its learned author has spared no time, pains or expense ; and in doing so has produced the first volume of a work which cannot fail to prove a lasting monument to his untiring zeal and perseverance, and an honor to the literature of our profession. In comprehensiveness of scope, and in the fair execution of its design, it goes beyond any thing we have ever had the pleasure of examining, that has emanated from the medical press of this country. One need only to examine this work to comprehend the truth of this remark.

The interior valley of North America is made to comprehend, by our author, all that portion of the Continent beginning with the tropics and terminating with the polar circle. In the South, it rests upon, and is deeply indented by, the Gulf of Mexico ; in the North, it bears a similar relation to the Polar Sea and Hudson Bay ; on the East, its limits are the Appalachian Mountains ; on the West, the immense chain of Rocky and sea-side Mountains, beginning within the Torrid Zone, and ending beyond the Polar Circle, seclude it from the

Pacific Ocean. These mountain borders diverge from each other as they cross the Continent, and thus the valley regularly widens as it passes from south to north. This valley includes six millions of square miles, or three-fourths of the whole continental surface. We see that the prominent aspects of this large territory are carefully noted; its hydrographical features, the lakes, rivers and valleys which it embraces, as well also as its geographical outlines. For convenience of topographical description, he divides the great interior valley into four hydrographical sections:—1st, the southern, or Mexican; 2d, the eastern Lake, or St. Lawrence; 3d, the Hudson; and, 4th, the Arctic or Polar.

Book first comprises nearly all of this volume, and is occupied with the consideration of the geological, hydrographical, topographical, climatic, social and physiological, together with the diseases that stand in relation to these four grand divisions. The intent of the author is, we perceive, to ascertain all the physical causes that lie at the foundation of whatever differences the maladies of the different portions or divisions of this great valley may and actually do present. The difficulties which always lie in the way of such inquiries might, at first sight, appear to furnish opportunity for inaccuracy of results. That this might be the case in other hands than those which prepared this work, we can easily conceive; but when we bear in mind the fact, that long journeys of observation, repeated through a large part of several years, were performed by Prof. Drake, for the express purpose of collecting the materials for this work, we see at once surrounding it the elements necessary to insure accuracy of results.

Part second commences with the consideration of autumnal fevers; about 160 pages are devoted, in this volume, to this subject. This is the commencement of the great practical application of the vast amount of facts developed in the preceding portion. As part first comprises the historical and etiological portion, so part second comprises the consideration, at great length, of the individual diseases, and the discussion of their causes, diagnosis, pathology, and treatment. In conclusion: if we have succeeded in giving our readers a faint outline (for it can be nothing more) of the great leading features and design of this work, it is all that we intended, on the present occasion. We have not ourselves given it a perusal at all commensurate with its demands, and therefore shall reserve for a future occasion an analysis of its contents.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

ANATOMY AND PHYSIOLOGY.

Researches on the Physiology of the Medulla Oblongata.—By M. BROWN-SEQUARD.—The following are the results of the author's experimental inquiries, made upon fifty-four species of animals, belonging to the five classes of Vertebrata: 1. The life of Batrachia does not seem to be considerably shortened after the removal of the medulla oblongata alone, or with the rest of the encephalon, so long as the animals remain in air of a temperature below 46° (Fahr.) Many individuals have lived, in these conditions, more than three months. 2. The sanguiferous and lymphatic circulation, the cutaneous respiration, the digestion, the mucous, epidermic, and urinary secretions, the nutritive operations, the reflex power, and the properties of nerves and muscles, continue in Batrachia, deprived of the medulla oblongata, with as much rapidity and energy as in those which remain uninjured, and which are exposed to the same temperature. 3. All animals, even adult Mammalia, may survive the removal of the medulla oblongata during from ten to twenty minutes, when their temperature has been reduced below from 86° to 92°.—For this result, pulmonary insufflation is not requisite. 4. The most remarkable differences present themselves in the duration of life, in the different individuals of the same species, after the removal of the medulla oblongata, these being in exact accordance with the temperature. Thus the duration of life in the Batrachia may be reckoned by *months*, between the temperatures of 32° and 46°; by *weeks*, between 41° and 54°; by *days*, between 50° and 61°; by *hours*, between 66° and 77°; and by *minutes*, between 86° and 104°.—*Gazette Médicale*, Dec. 22, 1849.

[These experiments, like those formerly made by Dr. W. F. Edwards, fully bear out the general principle, that when an animal has

sustained a fatal lesion, the length of its survival is inversely as the rate at which it is living, and that this rate is directly as the temperature of its body. This temperature, in cold-blooded animals, is that of the surrounding medium; whilst in the warm-blooded, it is maintained at a nearly fixed standard by their independent calorifying power.]—*Medico-Chirurgical Review*.

On the Existence of Two New Kinds of Anatomical Elements in the Medullary Canals of Bones.—By M. CH. ROBIN.—In all bones, whether short, flat, or long, the medullary tissue contains, besides the adipose cells, the vessels, and the finely granular amorphous matter, a peculiar kind of cells, which may be termed *medullary cells*; these are spherical, or slightly polyhedric, transparent, with defined borders, and generally include a spherical, regular, transparent, sharply-defined nucleus. Between the nucleus and the cell-wall, and especially around the former, there exists a variable quantity of molecular granules. These cells are more abundant in young subjects than in adults; and towards the end of the period of gestation they occupy nearly the whole of the medullary cavity, to the exclusion of the adipose cells.

Another kind of cell is met with in long and short bones, but normally in less amount; the knowledge of these cells, however, is important, because it is in an unusual development of them that some diseases of bones originate. Certain tumors of bone, considered by pathologists as cancerous, are not truly so, but are made up of large plates or flattened lamellæ, sometimes polygonal, sometimes irregularly circular, having a diameter of at least from 1-20th to 1-12th of a millimetre (or from 2 to 3-1000ths of an inch), finely granular in their texture, and containing from six to ten large oval nuclei, which are imbedded in the thickness of the plates. The author states that he has met with these bodies as the principal components of several osseous tumors; and that such tumors owe their origin to an unusual local development of a normal element of bone. For these peculiar bodies are found in the medullary tissue of even healthy bone; being much less numerous, however, than either the true medullary or the adipose cells; but being, like the preceding, more abundant in the bones of young subjects than in those of adults.—*Med. Chir. Rev., from Gazette Médicale*.

PATHOLOGY AND PRACTICAL MEDICINE.

Bright's Disease of the Kidneys essentially and primarily a Blood-disease. By Prof. W. H. WALSH, of University College.—Professor Walsh observes that the natural history of Bright's disease affords tolerably sure evidence that it is not primarily a local affection, but originates in the blood. The following are some of the principal facts which support such an opinion:—

1. There is no positive and constant naked-eye peculiarity, in the anatomical conditions of the kidney, in *all* cases where there had

been discharge of albuminous urine, and cellular dropsy during life. So true is this, that the most practised observers would hesitate (and have actually hesitated), from the inspection of *certain* kidneys, to say whether the case had, during life, been attended with the symptoms of simple chronic nephritis, or of Bright's disease. Of course, this difficulty of distinction is not common, but it exists with quite sufficient frequency to justify the general proposition, as just stated.

2. Neither is there any microscopic character, always present, positively and unfailingly distinctive, between the kidneys of persons who have suffered from simple chronic nephritis, or from Bright's disease. We have frequently, in this hospital, seen clogging of the tubules with simple exudation (in the stage of induration matter), in victims of the latter disease; while in others, whose urine had been non-albuminous and alkaline, and in whom no secondary disease existed (simple chronic nephritis), fat existed, in some abundance, along with the same induration matter.

3. There is no positive and direct relationship, in cases of Bright's disease, between the amount of albuminous impregnation of the urine and of renal disorganization.

4. There is no positive and direct relationship between the number and severity of the secondary diseases, and of renal disorganization.

5. The urine may, in Bright's disease, be occasionally copiously albuminous, without co-existing dropsy; or the patient may be drop-sical, while his urine is free from albumen.

6. Albuminous impregnation of the urine is caused by other forms of renal disease proper, besides those met with in Bright's disease, and also by certain morbid states of the blood.

7. Albumen may totally disappear from the urine, *pro tempore*, in the most serious cases of Bright's disease, yet it cannot be supposed that the physical conditions of the kidney, favoring filtration of serum through the vessels, have suddenly and completely changed.

8. The reason why there is greater clogging of the tubules (general, or limited and granular) in the advanced stages of Bright's disease (with proto-plastic or fatty matter, or both), is, that longer time has been allowed for the morbid blood elements to filtrate through the walls of the vessels. These elements, in part stagnating within the tubules, in part exuded amid the inter-tabular tissue, accumulate in the renal texture, instead of all passing away with the urine. These elements, deposited granularly, and by uniform infiltration, are the *effects* of the disease, not its *cause*. But as the alterations of the blood are not equable and uniform in their advancement, there is no direct ratio between the amount of clogging of the tubules, &c., and the severity of the disease, considered in the sum of its general manifestations. So true is this, that (as is clinically well known) the very highest amount of secondary affections may exist at the outset (anatomically considered) of the disease of the kidney.

9. From the very outset of Bright's disease, the existence of blood-changes is certain: they are more marked in degree, and earlier in development (as appreciable conditions), than in any recognized chronic blood-disease.

10. Bright's disease has several of the characters of a primary chronic blood-disease. Thus: there is no direct ratio between the anatomical changes and the mass of morbid condition constituting the disease; Bright's disease tends to the production of various secondary and dependent affections, and the character of these secondary affections partakes of that of the primary (that is, primary in the train of organic changes of the solids) renal changes; they too are marked by transudations of serum, and deposition of proto-plastic matter and fat.

11. It may be said, that as urea has been found in the blood, at the commencement of acute attacks of Bright's disease, there is no evidence of organic disease of the kidney *ab initio*. But no: functional inactivity is enough to insure accumulation of urea in the blood. In cholera there is no textural alteration of the renal substance. The true explanation seems to be, that the state of the blood prevents the kidney from acting properly on the elements it is accustomed to excrete, not that its own functional aptitude is at the outset seriously impaired; in other words, it is probable that at the commencement the renal cells are still quite able to separate urea, if healthily constituted blood were offered to them by the vessels. This view is, doubtless, hypothetical; but it harmonizes with the well known and striking fact, that urea may, and does, not uncommonly, disappear from the blood when the anatomical changes in the kidney are carried to extremes, and the case (though a temporary improvement has occurred) is fast tending to a fatal issue. According to the doctrine which regards the accumulation of urea in the blood as the consequence solely of the changes in the kidney, how is this to be explained? According to this doctrine, the effect of a certain cause is decreased as the intensity of that cause is increased.

12. With the progress of deposition within the kidney, the excretory functions of the organ become, partly mechanically, partly dynamically, interfered with, and hence the blood becomes *secondarily* diseased also.

13. It may be objected that if Bright's disease be not essentially a renal, but a blood-disease, *ab initio*, it does not seem clear why the kidney should be the organ on which textural changes are earliest and constantly inflicted. The objection is valueless, until it be explained why tubercle selects the bronchial glands at one period of life for its main nidus—the lungs at another; why cancers chiefly infest the mamma and uterus, &c. *As soon as* the predilections of blood-diseases for certain organs (or the attracting quality of certain organs for special diseased circulating elements) are explained in the instances *inter alia* of tubercle and cancer, the attraction of the morbid material, present in the blood in Bright's disease, for the kidney, will probably be found simple enough. Meanwhile I would

observe, that a fact, which may not be without its application in this matter, was ascertained some years ago by Simon, from the comparative analysis of the blood of the aorta, and of the renal veins in a horse. The quantity of albumen in the former to that in the latter, was found to be as 425 : 446. This natural tendency to excess of albumen in the blood of the renal veins may, perhaps, be in some way connected in its tendency to escape by the channel of the kidney in Bright's disease. The urine (according to some chemists) naturally contains albumen, but in a proportion so minute, that it is undiscoverable by ordinary tests.

From these facts and arguments, it appears to me that the following conclusions may fairly be drawn :—

That Bright's disease is a blood-disease, *ab initio*, essentially tending to chronicity, though (like cancer and phthisis) sometimes running an acute course.

That the existence of that *ab initio* change follows from—1. Direct analysis. 2. The general accordance of the pathology of the disease with that of chronic blood-diseases. 3. The inadequacy of the local renal states to account for the local renal phenomena, still less for the general phenomena. 4. The total want of harmony between the renal changes and the general implication of the system, and between the renal changes and the local functional disorders. 5. The facility with which that want of harmony is explicable on the hypothesis of blood-disease.

That the precise nature of the primary blood-change is unknown : at present the main peculiarities ascertained (excess of serum of low specific gravity, excess of fat, excess of urea, and deficiency of albumen) are, in all probability, secondary.

That the renal textural changes are not the *cause* of the sum of morbid states, included under the name of Bright's disease ; and that they do not even furnish a *measure of the intensity* of that disease.

That, in reality, the renal textural changes form, at the most, the *anatomical character* of the disease (and their claim in this respect even is not yet fully made out under all circumstances, *vide* propositions 1 and 2), just as tuberculous deposit in the lung constitutes the anatomical character of phthisis.

That the primary blood-changes are the result, probably, of error in the primary and secondary digestion processes. The toxic condition of the blood, whatever it is, is not derived from influences acting from without, but generated within the frame through imperfect organic actions.

That, as in all diseases of this class (rheumatism, gout, tubercle, cancer, &c.), there is a mysterious constitutional *predisposition* to those imperfect organic actions ; without this, all the exciting and immediate alleged causes of Bright's disease fail in the power to evolve it.—*Lancet*.

Pathological Appearances in ten Cases of Rupture of the Bladder.

—By PRESCOTT HEWETT, Esq. At the regular meeting of the London Pathological Society, held April 1st, 1850, Mr. Hewett brought forward ten cases of rupture of the bladder, which, with one exception, occurred at St. George's Hospital, within the last few years :—

The *first* was a specimen of extensive rupture of the apex of the bladder into the cavity of the peritoneum, from a man, *æt.* 35, who lived two days after the accident. On his admission into the hospital, under Mr. Hawkins, a catheter was passed, and a large quantity of bloody urine drawn off; he was then in a state of collapse, from which he never rallied. The urine, which continued to be bloody, was always drawn off without any difficulty. At the post-mortem examination, extensive fracture of the pelvis was discovered, and this laceration of the bladder, which measured about two inches in length, and an inch and a half in breadth. The bladder itself was contracted, and in its cavity were some small clots of discolored blood. No marks of inflammation were found in the peritoneal cavity. An ounce only of turbid fluid was discovered in the *cul-de-sac*, between the bladder and rectum. The other parts were healthy.

The *second* specimen was also one of rupture of the bladder into the peritoneal cavity, taken from a *woman*, whose husband, in a quarrel, threw her down, and knelt upon her abdomen with great force.—She immediately became sensible of having sustained some severe internal injury, and died twenty-four hours afterwards, in excruciating agony. In this case there were two lacerations; one of which, about half an inch in length, led into the cavity of the peritoneum; and the other, about two inches in length, into the cellular tissue of the pelvis. The preparation is in Mr. Cæsar Hawkins's museum.

The *third* specimen was one of rupture of the fore part of the bladder, immediately behind the pubes, caused by a man jumping on the abdomen of the patient when he was on the ground; he lived twenty-three days after the accident. *Æt.* 50, he was admitted into the hospital, under Mr. Tatum, two days after the injury, with an anxious countenance, and great pain and tension over the lower part of the abdomen, accompanied by great difficulty in passing his water. A catheter was passed, and a pint of bloody urine drawn off. The necessary treatment was adopted, and he appeared to be going on pretty favorably for some days, at the end of which time three distinct tumors, presenting evident but deep-seated fluctuation, made their appearance: one of these tumors was in the mesial line, immediately above the pubes, and the other two in the iliac regions. On the twelfth day after his admission, a free incision was made into the lower part of the left iliac region, letting out about three pints of fœtid pus, with large sloughs. This was followed by a marked amendment, which lasted but a few days. The wound put on an unhealthy appearance, and the urine, which had for several days been passed without inconvenience, now flowed freely through the wound in the left iliac region. At the post-mortem examination, the peritoneum

was found extensively stripped off from the parts in the neighborhood of the bladder, as well as from both iliac fossæ, and from the walls of the abdomen, as high as the umbilicus. The cellular tissue in these various regions was in a sloughy state, and filled with large quantities of foul matter. The bladder presented, in its fore part, a rupture of about an inch in length and half an inch in breadth, which led into a perfectly circumscribed cavity in the surrounding cellular tissue, the walls of which were so thick and so well formed, that, at first sight, it appeared like one of the sacculi so frequently met with in this organ. Toward the lower part of this cavity the wall of the cyst had, however, become detached from the margins of the rupture, so that here there was an opening through which the tip of the little finger was easily passed into the cavity of the bladder. The bladder itself was very much contracted, and its mucous membrane, of a dark color, was in various parts covered with lymph containing a sandy deposit.

The *fourth* was also a specimen of rupture of the fore part of the bladder into the cellular tissue; in connection, however, with fracture of the pelvis. The patient, æt. 12, was admitted, under Mr. Cutler, in a state of collapse, some twenty hours after the accident—heavy iron railings having fallen on the lower part of the abdomen. No urine having been passed, a catheter was introduced, and a small quantity of bloody water was drawn off. The belly became tympanitic, and tension, swelling, and redness made their appearance in the lower part of the abdomen, in the scrotum, groins, and upper part of both thighs. These symptoms were soon followed by delirium and low fever, and he died six days after the accident. At the post-mortem examination, the bladder was found to be ruptured in two different places, in its fore part. The margins of the ruptures were sloughy, and sufficiently large to allow of the passage of a large bougie. Urine had been extensively infiltrated into the cellular tissue of the pelvis, and some of it had made its way into the upper part of both thighs, scrotum, &c., by passing through the obturator foramina. Large sloughs existed in various parts; the pelvis was extensively fractured, and a small quantity of blood was found in the cavity of the peritoneum.

The *fifth* specimen was one of rupture of the lateral part of the bladder into the cellular tissue, in connection with extensive injury of the pelvis. The patient, a middle-aged man, was under Mr. Hawkins, and died twenty-two hours after the accident. The laceration, about one inch in length and half an inch in width, was situated on the left side of the bladder, and led into the sub-peritoneal cellular tissue, where there was extensive effusion of bloody fluid. The urine, which was drawn off shortly after the patient's admission, was bloody.

The *sixth* case was one of rupture of the neck of the bladder, in connection with extensive fracture of the pelvis, from a man, æt. 38, who was admitted under Mr. Keate, and died five days after the accident. The two anterior thirds of the neck of the bladder were

completely separated from the prostatic portion of the urethra. The cellular tissue of the pelvis, as well as that in the hypogastrium, iliac regions, upper part of both thighs, and right side of the scrotum, was in a sloughy state, and infiltrated with pus and urine. The extravasation was traced, on the right side, through the internal ring and inguinal canal down into the scrotum; but there was no extravasation towards the perineum. The bladder itself was extensively inflamed, its mucous membrane being of a dark color.

The *seventh* was a rupture of the bladder in connection with extensive laceration of the symphysis pubis. The rupture, which was on the right side of the organ, was large enough to admit a good-sized quill; it led into a small perfectly circumscribed cavity, formed in the surrounding cellular tissue by the effusion of lymph. Beyond this adventitious pouch the cellular tissue was extensively infiltrated with sanious fluid. A little above this rupture there existed appearances which looked like a smaller rupture blocked up by lymph. The mucous membrane of the bladder was inflamed, and in patches covered with lymph. The patient, *æt.* 32, was admitted under Mr. Keate, the wheels of a chaise, out of which he had fallen, having passed over the lower part of the belly, some twelve hours before his admission. The urine which was drawn off was bloody; pain and tension of the belly soon made their appearance, typhoid symptoms set in rapidly, and he died on the 4th day.

The *eighth* was a rupture of the fore part of the bladder, leading into the sub-peritoneal cellular tissue, in connection with extensive injury of the pelvis and dislocation of the hip, produced by a piece of timber falling on the patient's back. The man, *æt.* 32, was admitted under Mr. Hawkins, and lived four days after the accident. Shortly after his admission into the hospital, the cellular tissue of the scrotum, perineum, and lower part of the abdomen, began to swell, and then assumed a dark color. A catheter was passed into the bladder at three different times, but no urine was found there. Mr. Hawkins having subsequently introduced a catheter, made a free incision into the urethra, and several others also into the inflamed parts, through which urine escaped freely. The wounds ultimately took on a sloughy character, and he died in a low muttering delirium. Besides extensive fracture of the pelvis there was a rupture in the fore part of the bladder, immediately behind the symphysis pubis, of the size of the end of the little finger. Between the bladder and pubes there was a large cavity, containing coagulated blood, urine, and pus, the peritoneum being stripped off nearly as high as the umbilicus.—With the exception of some slight adhesions between this part of the serous membrane and the omentum, there were no traces of inflammation about the peritoneum.

The *ninth* was a rupture of the bladder in its fore part, just below the reflexion of the peritoneum. The laceration was about an inch in length, and had given rise to extensive infiltration of urine and blood into the surrounding cellular tissue, the peritoneum being stripped off from the wall of the belly as high as the umbilicus.—

The patient, a man *æt.* 46, was admitted under Mr. Hawkins, having been kicked by a horse on the lower part of the belly about five hours before. The urine which was drawn off was mixed with blood. Rigors and great pain in the belly soon supervened, and he died fifty-eight hours after the accident.

The *last* was also a rupture of the bladder external to the peritoneum, but in connection with separation of the symphysis pubis and fracture of the pelvis. The bladder was ruptured immediately behind the pubes. The man, *æt.* 34, was also under Mr. Hawkins; he had fallen from a great height, and died two hours after his admission into the hospital.

In the observations on the preceding cases, attention was drawn especially to the following points:—In two of these cases there was no injury of the bones; in eight, the pelvis was extensively fractured. In two cases the bladder was ruptured into the peritoneum (one being with fracture of the pelvis, the other without). In eight cases the rupture was into the cellular tissue of the pelvis; in these eight cases the bladder was ruptured in its fore part in five, in its lateral parts in two, at its neck in one.

Both the cases into the peritoneum were most interesting; the one from its rarity, the injury having occurred in a woman, of which there are very few cases indeed placed on record; the other, from there being so small a quantity of fluid found in the peritoneum, merely an ounce, and yet the rent in the bladder was large enough to admit of the passage of the two first fingers, as well as from there being no trace of inflammatory action about the serous membrane.

The variety of points at which urine extravasated into the sub-peritoneal cellular tissue might show itself, was also well illustrated in some of these cases. In one, the patient living twenty-three days, large abscesses made their appearance above the pubes, and in both iliac fossæ. In another, in addition to these regions, the scrotum and perineum became extensively infiltrated. In a third, the right side of the scrotum was the part principally affected, the urine having passed through the right internal ring, and down the inguinal canal. In a fourth, the upper part of both thighs was affected, the urine having made its way through the obturator foramina.

Lastly, the reparative efforts sometimes made by nature in accidents of this kind were also well shown. In a patient who lived five days after the accident, the cellular tissue in the immediate neighborhood was condensed by lymph, forming a species of pouch connected with the margins of the rupture. In another case, living twenty-three days after the injury, the surrounding cellular tissue was so condensed, and so firmly attached to the margins of the rupture, except at a small point, that the secondary cavity thus formed presented the appearance of a sacculus of the bladder which had given way. With regard to the point where the lymph was detached, Mr. Hewett thought this appearance was due to the tearing off of the false membrane during some efforts made by the patient: the history of the case, he considered, showing this. An aggravation of symptoms

suddenly takes place, and the urine, which for several days had been passed without inconvenience or effort, now makes its appearance in the incision in the iliac fossa, and henceforth flows freely through this opening.—*Med. Gazette.*

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On the employment of Ergotine in External and Internal Hæmorrhage. By M. J. BONJEAN.—“Ergotine when applied to wounds has the property, M. Bonjean states, of facilitating their cicatrization and moderating inflammation of the wounded tissues. Under its influence union takes place by the first intention, and cicatrization occurs without further assistance.

In certain cases ergotine may perform all the offices of the ligature. M. Bonjean enumerates the following circumstances attendant on a capital operation in which its employment is indicated:—

1. When, in order to arrest a hæmorrhage, it would be necessary to disturb the lips of a wound in which cicatrization is commencing.
2. When the patient manifests a tendency to gangrene of the cut surfaces.
3. When the source of the hæmorrhage is from vessels embedded in the inflamed and swollen tissues.
4. When the blood flows from many small arteries of which the orifices cannot be perceived.
5. When hæmorrhage occurs from the sloughing of an eschar, as in gun-shot wounds, &c.

In these difficulties the application of ergotine is as often efficacious as the use of pressure is ineffectual. The application of ergotine supersedes ligature of the arteries, and effects cicatrization without interfering with the permeability of the artery.

The mode of employing ergotine is to dissolve it in five or six times its weight of water, for ordinary wounds; and in three or four parts, or even in a concentrated form, for more serious hæmorrhages. A portion of tow or lint is to be moistened with the fluid, and applied with gentle pressure to the surface, previously wiped. When the hæmorrhage does not return on the pressure being removed, another pledget moistened with the solution is to be laid over the former, and the limb bandaged as usual. Perfect rest is to be observed.

Internal administration.—Ergot of rye has been successfully employed—

1. As an excitement of uterine contractions.
2. As a stimulant to the muscular system in general.
3. In hæmorrhages and certain fluxes.
4. In congestion of the uterus.
5. As a stimulant to the nervous system.

The latter poisonous effect of ergot of rye is due, according to M. Bonjean, entirely to its fixed oil. The preceding properties are due to the *ergotine* alone.

Simple extract, or ethereal tincture of ergot, both contain a portion of its poisonous principle. Pure ergotine is in the form of a solid extract of a deep brown color. In thin laminæ it presents a

blood-red color. It has the odor of roast meat. Its taste is bitter. It is perfectly soluble in water, and this solution yields neither oil nor resin when heated with ether.—*Med. Gaz. from Gazette Médicale.*

SURGERY AND SURGICAL PATHOLOGY.

Case of Gunshot Wound, and subsequent extraction of a ball from the bladder. By E. MACPHERSON, Assistant Surgeon in the 9th Royal Lancers.—A private in H. M. 24th Regiment was wounded (at the battle of Chillianwallah, on the 13th of January, 1849) in the left buttock. Severe pain was immediately felt in the testicle on the same side. The ball could not be found, but the wound healed without difficulty. No blood was ever noticed in the urine. Symptoms of disturbance of the bladder shortly afterwards set in, which not yielding to remedies, the bladder was examined, and a foreign body detected; and on the 30th of August, the lateral operation, as if for the removal of a calculus, was performed. An iron ball was extracted, which had become incrustated with a thin layer of sandy deposit. To the above case Mr. Dixon added notices, from various writers, of fifteen operations for the extraction of balls, which had either primarily entered the bladder, or having lodged in the immediate neighborhood, had made their way into its cavity. Mr. Dixon had been favored by Mr. Cusack, of Dublin, with a notice of a similar operation performed by him, and another by the late Mr. Colles, neither of which has been published; in three cases, extraction was not attempted, or was unsuccessfully tried, the bullets forming nuclei of stones, having been found in the bladder after death; in one case the bullet was small enough to be voided by the urethra. The situation of the external wound, in the cases cited, was very various. The time that elapsed between the infliction of the wound and the removal of the ball, varied from a day or two to ten years. The lateral operation was performed in the majority of cases; but the high operation had been employed by Baudens, on account of the ball having entered at the bottom of the linea alba; so that by enlarging the recent wound, he could reach the cavity of the bladder.

Dr. C. De Morgan related a case which had occurred in the practice of the late Sir C. Bell. A gentleman from Ireland had been wounded by a musket-shot in the hip. After a time, all the usual symptoms of a foreign body in the bladder presented themselves. A foreign body was distinctly detected by the sound. The bladder was cut into, but nothing was to be found. A subsequent operation was performed by Mr. Cusack, and a bullet removed. It was supposed that the foreign body had got into the bladder by ulceration, and that in the first operation it had fallen into the cavity which it had originally occupied.

Mr. W. V. Pettigrew had seen the subject of this case lately: he was quite well.—*Dublin Med. Press.*

Peculiar accident of the Shoulder-joint. Simulating luxation of the Scapula. By DR. JACOB—Surgical Society of Ireland.—Dr. Jacob said he wished to direct the attention of the society, as briefly as possible, to a point which had attracted his attention in the *Medical Gazette* of the 6th of April, and which had reference to a peculiar accident of the shoulder-joint. It was a case in which the scapula seemed to be thrown out from the ribs, so as to project from the patient's back, and Mr. Adams of the London Hospital, who reported the case, regarded it as a dislocation of the scapula, in consequence of its escaping from beneath the edge of the latissimus dorsi. It appeared to be a rare accident, and his (Dr. Jacob's) object was to suggest what was the real nature of the injury, which was in his opinion so very manifest, that he was at a loss how it could have been mistaken.

Many years ago a case came under his observation, on a careful examination of which the real nature of this accident struck him with much force. A man who was carrying a heavy board upon his shoulder suddenly slipped and fell down. He complained of his shoulder, but the lower extremity of the scapula was elevated from the ribs, drawn towards the spine, and depressed. The moment, however, he pressed the scapula up into its proper situation, the coracoid process, previously lowered, went into its usual place; and he had therefore no doubt at the time, nor since, that the coraco-clavicular ligament had given way, and that the scapula, and along with it the arm, went down under the weight of the limb.—*Dublin Med. Press.*

Ascending or Intermuscular Hernia. By JAMES LUKE, Esq., Surgeon to the London Hospital.—There is a variety of inguinal hernia apparently not generally known to surgeons, which I venture to designate as Ascending or intermuscular, (for reasons which will appear in the sequel,) to which I am anxious to draw attention from the circumstance that it is liable to cause some difficulty in diagnosis, and when strangulated to become a matter of more than usual interest and occasional embarrassment.

To illustrate the subject, it is proposed to relate a few cases, which partake of the same general character, although they exhibit modifications of sufficient interest to be noticed in the description. Before relating those cases, I propose to give some account of the form of hernia to which they relate, that a clearer understanding of its mode of formation may be obtained. In doing so, it will be needful to recall to the recollection of the reader the relations which a hernia, in the most common forms, bears to the inguinal rings and canal through which it descends, because the immediate subjects of this communication are examples merely of deviations from those relations.

It will be remembered that an inguinal hernia of the ordinary kind, after issuing from the abdomen through the internal ring, *descends* in the inguinal canal in front of the spermatic cord in the

male, and of the round ligament in the female, from whence it passes through the external ring to the scrotum in the former, and to the pubis in the latter.

A hernia, however, at its exit from its abdomen, is liable to be pushed aside, or have its course altered, by any opposing obstacle; for its tendency is always to pass in that direction in which it meets with least impediment to its course. In the cases before us, such impediments do occasionally arise, and more particularly in the female—a circumstance attributable to the lesser anatomical development of the canal and external ring in that sex, from which probably proceeds the more frequent occurrence of the form of hernia mentioned below. In the male sex, the canal and rings are sufficiently large to allow of a hernial descent, so that we continually observe that the direction of an inguinal hernia in the male is downwards, unless it be turned aside, or its direction altered by artificial means, and especially by the pressure of a truss. In the female, however, natural obstacles occur in the downward direction; it therefore sometimes happens that the lesser impediments to the progress of a hernia lie in an upward or outward direction; in which case the tumor, after passing from the internal ring, turns towards the ilium, and becomes interposed between the layers of abdominal muscles above and on the outside of the ring. Such herniæ are covered anteriorly by the internal oblique muscle, and bear nearly the same relation to the tegumentary surface as an ordinary hernia confined to the inguinal canal, but differ materially from it in its relation to the internal ring. The tumor lies nearer to the ilium in this form of hernia, in a position which, being not usually occupied by hernia, may give rise to some difficulty in diagnosis, and may, through inadvertence, be mistaken for some other disease, either of the cæcum on the right, or colon on the left side. It also lies somewhat buried, when small, under a covering of muscular structure, and occasionally under an accumulation of adipose tissue, and may, on that account, be passed over altogether without notice. In its position it constitutes the kind of hernia which I have named above. It is important that such cases should be well understood; and the relation of the following cases will probably help this matter. Although not the first, the most perfect specimen of the kind of case referred to in the foregoing observations, occurred to a person about 60 years of age, residing in the neighborhood of Bethnal Green. She was of thin, spare habit, and when I first saw her, had suffered during four days from obstruction of the bowels and sickness—the symptoms having increased in severity up to the time of my visit. On the day previous, a fulness had been observed a little to the inside of the right spine of the ilium, which had not been noticed during the two first days of her illness, and was supposed to be connected with the cæcum, from the circumstance of its position and apparent depth. When I examined the part very carefully, it appeared to contain an ill-defined tumor, lying deeply, but within the walls of the abdomen, and not within the abdomen itself. Its position was to the outside of

the situation of the internal ring, with its inner side resting upon the ring. It was somewhat rounded in form, and painful on pressure. Connecting it with the existing symptoms of intestinal obstruction, I concluded that it was a hernial tumor in a state of strangulation, and advised an operation, in the performance of which the integuments were incised perpendicularly over the tumor, and, consequently, on the outside of the internal ring. The abdominal tendon being divided, the tumor was brought into view, covered by the lower border of the internal oblique muscle. It was about the size of a pullet's egg, and had the ordinary characteristics of a strangulated hernia, but with its neck of communication with the abdominal cavity at its lowest part, this being at the internal ring, where the stricture upon the contents was found, apparently produced by its margins. These were divided without opening the sac, and the hernia reduced within the abdomen. Relief to the symptoms of obstruction speedily followed this proceeding, and recovery gradually, though slowly, took place—it being delayed by circumstances unconnected with the hernia.

The next case came under my notice in consultation with Mr. Byles, in a female between 50 and 60 years of age, suffering from acute symptoms of intestinal obstruction, attended by peritoneal inflammation and abdominal tension. She was the subject of a moderate-sized umbilical hernia, which was irreducible, without impulse, and inflamed. On examining the lower part of the abdomen, there was discovered a small tumor on the left side, lying deeply under a thick covering of fat, and exteriorly to the usual seat of an inguinal hernia. It was painful when pressed. It was considered to be a hernia, and in a state of strangulation, although some doubts were entertained whether the umbilical hernia was not really the one strangulated. An incision was made through the abdominal tendon, which exposed to view a small tumor lying as in the former case, exteriorly to the internal ring. When the sac was laid open, its communication with the abdomen was found to be at its lowest part, and the intestine so tilted upwards over the upper and outer margin of the internal ring which formed the stricture, that some difficulty was experienced in getting at the part which is usually divided for its relief. This division being accomplished, the hernial contents were reduced into the abdomen, and the wound closed. This patient had a good recovery. At a distance of five weeks from the operation she was seized with apoplexy, and died.

A modified form of the same kind of hernia came under my notice, in a post mortem examination of a patient who had been operated on by the late Mr. R. C. Headington, formerly an upright and distinguished surgeon to the London Hospital. The subject was a female, about 60 years of age, and the operation was performed in the London Hospital. The hernia, I was informed, presented the ordinary appearance of an inguinal hernia of the left side, descending upon the pubis through the external ring. The requisite incisions were made over the tumor, and the lower part of the sac laid freely open. Of the seat of stricture, I was not informed. When

efforts at reducing the hernial contents were made, they were attended with apparent success; but, on remitting the effort, the contents returned to their former place in the sac. Renewed efforts were attended by the same results; and, after being several times repeated, with each time a recurrence of the descent, were finally abandoned, and the contents were allowed to remain unreduced—the wound being closed over them. The patient shortly died.

On dissecting the integuments from the lower part of the abdomen, the opened hernial tumor presented below the external ring in the usual manner, and was readily traced to its communication with the abdomen at the internal ring, but it also extended in a direction towards the spine of the ileum beyond the ring, and between the layers of the abdominal muscles. Thus the sac was found to be far more capacious than was suspected before death; and the circumstances attending its relations to the abdominal aperture explained the difficulty which had occurred during the operation. The hernial contents, when apparently reduced into the abdomen, had not been so in reality, but had been transposed from one part of the sac, and that the lowest, to the other or upper, which lay *above and to the outside* of the internal ring. No difficulty could arise in such a case in respect to diagnosis of the existence of hernia; yet, to the operator, an embarrassment might ensue like to that which occurred in this; and its relation is of importance, as forewarning him of a probable though remote contingency, and preparing him, by a foreknowledge of it, with the means best suited to meet the difficulty.

These cases, even in the female, are unfrequent; they are still more so in the male, and, I believe, never occur in that sex, unless produced by means wholly independent of anatomical formation and development. They may, however, be produced by other causes; and the subject has an important bearing upon the application of trusses to the relief of the ordinary kinds of inguinal protrusions. From the manner in which a truss is usually applied, and from the sufficiency in the size of its pad, both the internal and external inguinal rings are guarded, and the more especially when the two are approximated by the descent of the former, as is common in old hernia. But in an incipient hernia, when the rings are in their normal position, or nearly so, a truss may be so applied as to guard the external ring and lower part of the inguinal canal only. In that case, the hernia is not prevented from protrusion through the internal ring; and its increase in size may continue, notwithstanding this imperfect use of the instrument. If such increase does take place, the truss has no other effect than to alter the course of the hernia by preventing its *descent* through the canal and external ring, and constraining it take that direction which alone is open to it. That direction appears to be upward and outward; and thus the intermuscular hernia, as described above in the foregoing cases, is produced. To prevent such a form of hernia in a male, arising from the use of a truss, is an important desideratum, and appears easily attainable by its proper application. As the occurrence is the result of pressure of the pad upon the lower part of

the canal and external ring, while the internal ring remains unguarded, there are two courses open for selection. The one course is to remove the pressure of the truss altogether, by which means the hernia will have an opportunity of descending in its usual course; the other is to guard the internal ring also, and to prevent protrusion from the abdomen altogether. Of the two it need scarcely be observed, that the last is to be preferred. Although this is generally done, it is not always so; and it may serve a good purpose to show what may take place, and what has taken place, from inattention to this deficiency in the application of trusses. They should always be so applied as to guard the *internal ring*.

An illustration of the above came under my notice a short time since, in the case of a gentleman, about 50 years of age, who first applied to me in consequence of some uneasy feelings which he experienced in the abdomen, and irregular action of the bowels, attended by occasional flatulence and nausea. He also complained of pain in the region of the cæcum; in examining which and the adjacent part, it was found that he was the subject of hernia. This had descended partially into the scrotum; but he had been in the habit for some years of retaining it by means of a truss. A much larger tumor occupied the space between the crest of the ileum and the usual seat of the internal ring, which, by the communication of impulse, was ascertained to be connected with the lower tumor. Thus it was found that the entire hernial sac was of very considerable dimensions, and contained a large mass of viscera. Probably to this circumstance were referable the symptoms of intestinal derangement, which were the immediate cause of his application. It became, therefore, an object of primary importance in the treatment that the contents should be replaced within the abdomen. In the attempt to accomplish the reduction, the lower tumor was readily made to disappear; but, as it did so, the upper tumor became more full and large. Attempts at reduction of the upper tumor in the upward direction, were wholly unavailing; but, when pressure was made upon it in a direction downwards in the course of the inguinal canal, while the other hand was kept upon its lower extremity, so as to prevent the contents from descending through the external ring, it was, by a little manipulation, partially returned into the cavity of the abdomen. Old adhesions of the contents either to each other or to the sac, appeared to be the obstacle to the reduction being complete. Sufficient, however, was accomplished to afford some relief to the patient, and the intestinal disturbance became less severe. Should strangulation occur in the case, the circumstances which complicate it are well calculated to try the skill of the most experienced surgeon who shall undertake an operation for its relief; all which complication, with all its present ills and prospective embarrassments, I think, might have been prevented by the proper use, in the right position, and at an early period, of an efficient truss.—*London Medical Gazette*.

MIDWIFERY AND DISEASES OF FEMALES.

On the Prophylactic Treatment of Habitual Disposition to Abortion.
By Dr. METSCH.—“When the disposition to abortion is dependent upon a diminished vitality of the uterine system, or functional weakness of its nutritive vessels, Dr. Metsch says, that medicines of a stimulant and strengthening description, acting powerfully upon the circulation of the organ, are indicated, and of all such substances, *savine* is that which is most to be relied upon for this end. Of course so powerful a drug requires skilful selection of appropriate cases for its employment, or it may give rise to hyperæmia of the pelvic and abdominal organs, inducing hemorrhage, inflammation, abortion, or death itself. Local or general plethora, or serious disease of any part, contraindicate its use. An infusion is made by adding from two to four drachms to six ounces of boiling water—a spoonful being given morning and afternoon during the intervals between the menstrual periods. On several occasions, before commencing with it, catarrhal or gastric disturbances have to be allayed, as also irritation dependent upon congestion, rheumatism, or disorder of the nervous system. Small general or local bleedings, emetics, aperients, tepid baths, or friction of the surface, are required in different cases. So, too, regulation of diet, abstinence from sexual excitement, rest in the horizontal position, as long as pain is present, are then indicated.

If the disposition to abortion depends upon an augmented irritability and contractility, (a condition not always opposed to the first named,) the *savine* does not alone suffice, but a medicine is required that exerts a special effect in regularizing uterine irritability, the *ergot of rye*, which should be added to the *savine* infusion, in the proportion of one to two, when former miscarriages were induced by the primary contraction of the womb, without preliminary hemorrhage. Another modification in the prophylaxis is to be made when former abortions were attended with great urinary irritation; in which case, six drops of *tr. lyttæ* should be added to each dose. When, prior to former abortions, there was great disturbance of the digestive organs, very small doses of *ipecac.* may be alternated with the above.

The *savine* has also been found useful in various chronic diseases of the female genital organs, connected with vascular and secretory torpor, especially in passive hemorrhages and leucorrhœa. In the same way it is of good service, conjoined with mechanical means, in treating prolapsus uteri, consequent on frequent or difficult labors and abortions.—*Zeitschrift für Geburtkunde*, Band xxvi., pp. 339, 355.

[Dr. Metsch speaks with great confidence of the great utility of *savine*, and relates some cases in proof; but it is obvious that such powerful medicines as *savine* and *ergot* require great discrimination in selecting appropriate cases. In these annoying cases of repeated miscarriage, occurring in women of weak and irritable fibre, and un-

accompanied by vascular congestion, we have derived remarkable benefit from the administration of *assafetida* as soon as a new pregnancy has manifested itself, and in a manner recommended by Dr. Lafierla, of Malta.] (Vide Med. Chir. Rev., new series, vol. vi. p. 266.)

On the alleged frequency of Ulceration of the Os and Cervix Uteri.
—Speculum Practice. By DR. TYLER SMITH—Westminster Medical Society, April 6th, 1850. Dr. Smith read a paper which has since been separately published, of which the following is an abstract:—

Mr. Whitehead, of Manchester, in his work on "Abortion and Sterility," states, that of 2000 women whose cases he investigated on their application to the Manchester Lying-in Hospital, "1116 had the whites at the time the inquiry was made, and a considerable number more had suffered under a similar ailment at some former period. In 936, or eighty-three per cent., the discharge bore undoubted evidence of the presence of pus, or of sanies; and in some instances it was more or less mixed with blood." Mr. Whitehead traces these discharges to "disease of the lower part of the uterus, this disease being found to exist in almost every instance;" and he further declares that "this lesion of structure constitutes the true pathological seat of leucorrhœa, and of all its associated phenomena." Dr. Henry Bennet states, in his recent work on "Inflammation of the Uterus and its appendages, and on Ulceration and Induration of the Neck of the Uterus," that of three hundred cases presenting "uterine symptoms," among the patients of the Western Dispensary, he found that "243 were suffering from decided inflammatory disease of the cervix, or its cavity; and that in 222 ulceration was present." Thus, in Mr. Whitehead's cases, in 936 out of 1116 cases of leucorrhœa, the discharge was purulent or ulcerative; and in Dr. Henry Bennet's cases, 222 out of 300, or more than two-thirds, were also suffering from uterine ulceration. Dr. Bennet states that the same proportions are preserved in the cases he has treated in private practice.

It is well known that this is widely at variance with the experience of previous observers in this country. Does this discrepancy arise from the superior modes of investigation adopted by the authors I have quoted, or does it happen from some misapprehension as to what really constitutes ulceration of the os and cervix uteri? Is there simply some mistake about the nature of ulceration, or is the difference explained by the more general use of the speculum?

Practising as a physician-accoucheur, I must get the same class of patients as those treated by Mr. Whitehead and by Dr. Bennet.—I am in the habit of using the speculum in cases of obstinate leucorrhœa in married females, and I trust with a desire to observe truly and faithfully, but I do not myself find uterine ulceration,—at least not what seems to me to warrant this term,—so frequently as Dr. Bennet, Mr. Whitehead, and some other gentlemen who have written upon the subject, in leucorrhœal cases, purulent or muco-purulent.—

I find inflammation, engorgement, induration, excoriation, patches of aphthæ, epithelial abrasion, and granulation, often enough, but very seldom what I could call ulceration, in non-malignant and non-syphilitic cases.

After giving a quotation from Dr. Bennet's description of ulceration, Dr. Smith says :—

If we consider excoriation or abrasion as genuine ulceration, probably no woman ever passes through life without suffering from this form of disease. In the virgin uterus, the circulation is frequently modified by the recurrence of menstruation, ovarian irritation, mental emotion, the varying conditions of the bladder and rectum ; and in constitutional ailments, the vaginal and uterine secretions, in common with the other secretions of the body, are frequently depraved. Excoriation and abrasion of the mucous membranes are easily accounted for under such circumstances. Menstruation alone, in the turgidity of the uterus and ovaria, before the catamenial flow is established ; in the exudation of blood from the surface of the uterus ; and in the perforation of the peritoneal membrane for the elimination of the ovule from the ovary, trenches very nearly upon pathology.—The slightest divergence from the ordinary function merges into disease.

In married women, and those who have borne children, other prejudicial causes in addition to these are in operation ; such are the mechanical irritation of coitus, the risk of lacerations of the os uteri during the passage of the child in parturition, and the state of the uterine orifice which obtains after labor, and the return of the organ to quiescence. After labor, the orifice of the uterus does not contract smoothly, so as to leave the os uteri regular and even, but it becomes puckered and contracted unevenly. In irritable conditions of the mucous membrane of the uterus and vagina, or in a morbid state of the utero-vaginal secretions, these folds or corrugations are very liable to be chapped or excoriated, and I believe this is often mistaken for ulceration. All these, and other causes which I might enumerate, explain the frequency with which the os uteri deviates, in color, volume, and secretion, from the strictly healthy standard. In fact, we may compare the upper part of the vagina to the fauces, which is seldom found perfectly healthy in any subject who may be examined. Some of the indurations and enlargements of the os and cervix uteri appear to resemble enlarged tonsils, and, like them, to increase in size without any amount of active inflammation.

The granulations which are sometimes found surrounding the os uteri—which may secrete mucus or pus abundantly, and which may bleed on being roughly handled—are, I have no doubt, the result of inflammation ; but they resemble *the granular state of the conjunctiva*, rather than the granulations of a true ulcer, the granular os uteri offering no edges or signs of solution of continuity, by which we might satisfactorily declare it to be an ulcer. The *granular os uteri* would be a more correct designation in such cases, than “ulceration” of the os uteri. Some of the so-called ulcerations appear to be

nothing more than patches of thickened epithelium, or portions of the os and cervix, from which the epithelium has been removed by acrid or irritating secretions. We can imitate this condition of the parts by the slight application of the nitrate of silver—sufficient to affect the epithelial covering, but not sufficient to injure the mucous membrane beneath.

It appears to me that we can neither receive the existence of excoriation or abrasion; of granulation or fungous growths; the secretion of pus or muco-purulent matter; as affording undeniable evidence of the existence of "ulceration" of the os and cervix uteri. We must try ulceration in this part of the body by the same tests which we apply to ulcers in other parts of the economy. We must look for a solution of continuity, with a secreting surface, separated from the healthy structures, having defined edges, everted or inverted,—for an ulcer, in fact, in the common pathological meaning of the term. We find ulcers having these characters in the air-passages, mouth, stomach, intestines, bladder, and other mucous surfaces. There is no mistaking the characters of an intestinal ulcer after dysentery, and there ought to be no mistake about an ulcer of the uterus. Indeed, in the corroding ulcer of the uterus, we unfortunately see that this organ is but too capable of taking on all the qualities of ulceration, in a degree only equalled by its extraordinary vitality, the organ being scooped out, or eaten away, in a comparatively short space of time. Cases are also met with in which the os uteri has been destroyed by the sloughing ulceration, and loss of structure, sometimes following the application of the more powerful caustic agents. We are, however, called upon by the unlimited believers in uterine ulceration to admit that ulcerative disease may exist for years, in its common form, without any perforation, excoriation, serious loss of substance, or altered configuration. Whether we test the so-called ulceration of the uterus by ulceration occurring in other mucous surfaces, or in the uterus itself, under undoubtedly ulcerative disease, the distinctive characteristics are wanting in the great majority of cases; and they certainly are not found, unless I am most egregiously mistaken, in the enormous proportion of 222 cases of ulceration to 300 cases of promiscuous uterine disease.

In all that I have said, I do not wish it to be supposed that I question the frequency of irritation, chronic inflammation, and sub-acute inflammation, in connection with leucorrhœa. Recent writers would, however, treat leucorrhœa merely and solely as a symptom, not as an independent disorder. But I am well assured that it is often the disease itself, or at least all of it that we can appreciate; and that the irritable or inflammatory condition is excited secondarily, and mainly, by the morbid leucorrhœal secretion. Some change in the innervation or nutrition of the organ occurs, or it sympathizes with a malady in some remote organ, and the secretions are consequently depraved. These depraved secretions irritate the surfaces with which they come in contact, and produce the visible signs of irritation or inflammatory action. We see these discharges

sometimes inflame and excoriate even the external integument, but we should never dream of saying that the inflamed condition of the skin was the essential part of the disorder. The same observation applies to the uterus. Thus it is not pathological, nor useful, always to consider leucorrhœa as a mere symptom; and the old plan of astringent injections, though sometimes mischievous, cannot quite be dispensed with; for in some, even in profuse leucorrhœas, an astringent injection, by arresting the utero-vaginal discharges, does more than any other plan to soothe inflammatory conditions, or rather to suspend their causes.

Notwithstanding the use of the speculum,—notwithstanding the use of lamps and glasses, there is often considerable difficulty in ascertaining the precise condition of the cavity of the uterine cervix, engorged as it is, and deep in color from irritation, or other disease, and from the interruption to the circulation in the uterine organs which is almost necessarily dependent on the introduction and expansion of the speculum within the vagina. But in the dead subject no such difficulties exist; and it might certainly be expected, since leucorrhœa is a malady so very common, that uterine ulceration would be frequently revealed by post-mortem examinations. The only place in which, so far as I am aware, post-mortem examinations have been conducted in considerable numbers, with special reference to the determination of the frequency or infrequency of ulceration of the os and cervix uteri, is at St. George's Hospital. For several years past, the condition of the uterus has been examined with great minuteness and accuracy in the dead subject at this hospital.

Mr. Pollock, one of the lecturers on anatomy at St. George's Hospital, informs me that for more than three years, during which he was curator to the hospital museum, he examined the uterus internally and externally in all the subjects in the dead-house. During this time, upwards of 100 women died in the hospital annually. In each case the uterus was laid open, and carefully inspected. Mr. Pollock only detected actual and unmistakeable ulceration in *four cases*. Of these, three were scrofulous subjects, and scrofulous ulceration existed in other parts of the body; and in one of them the ulceration involved the vagina extensively, as well as the os uteri.

Mr. Gray, who succeeded Mr. Pollock as curator, informs me that during his curatorship he examined the bodies of 180 women, who had died of all diseases in St. George's Hospital, with a distinct view to ascertain the proportion of cases in which ulceration of the uterus existed. These examinations were also conducted with great care and minuteness. Out of the 180 subjects, distinct ulceration of the os and cervix was found in only *three* instances. Slight abrasions, discolorations, and granulations, were frequently observed; and this accords with the observations of Mr. Pollock. One or two other curators to St. George's Hospital, besides Mr. Pollock and Mr. Gray, have arrived at the same results. It is only by pathological investigations of this kind that we can arrive at infallible results.

But, it may be asked, why bestow so much pains on proving that abrasion, excoriation, and ulceration, are not *ulceration*? Why dispute as to terms? Simply because a name rules treatment, and because the name of "ulceration" being first given, an heroic treatment, not without danger, is frequently resorted to where milder local applications or constitutional treatment would be equally efficacious. After Mr. Abernethy wrote his celebrated work on the Constitutional Treatment of Local Disease, his idea was pushed to its extreme, and local remedies were often most improperly neglected. Now, in all that relates to the uterine organs, the doctrines of Mr. Abernethy are in danger of being entirely refuted, and we are in some risk of utterly neglecting constitutional treatment, and of being entirely absorbed by local applications. This we cannot do without impeding the improvement of the treatment of this class of affections. When a patient is told she has an ulceration of the womb, she often thinks of an ulcer of the leg, or the cheek, &c., and is proportionably frightened, because of the importance of the organ which is the seat of the presumed disease. There is nothing women will not submit to, to be freed from such a dire malady. At the present time a veritable uterine panic affects the upper and middle classes of society, and every woman with the slightest ache, or discharge, is not satisfied until the peccant organ has been ocularly inspected. I do not believe that this state of things, or its inevitable results, will conduce to the dignity and respectability of our profession. I do not hesitate to affirm, so far as I have eyes to observe, and a judgment to weigh facts, that much exaggeration prevails respecting the frequency of this same ulceration of the os and cervix uteri,—an exaggeration which should be calmed, so that the legitimate methods of examination may lead, not to a suspicion of our profession, but to real improvement in the diagnosis and treatment of uterine disease as it actually exists. We cannot safely repudiate either the local or the constitutional treatment of uterine disease. I have seen cases in which the local ailments have been as far as possible cured; nevertheless, the constitutional symptoms remained unrelieved. I have seen others, in which judicious constitutional treatment has cured the local malady without any topical treatment whatever. But in the combat against disease, we require both constitutional and local weapons; and any views which disparage either the one or the other must cripple the resources of our art.—*Med. Gaz.*

Remarkable Case of Retention of Urine after Delivery. By M. MALGAIGNE.—M. Malgaigne was called to a woman on the fourth day after her delivery, in consequence of the various attempts at relieving retention of urine by catheterism having failed. The abdomen was as much swollen as prior to delivery, and the woman was in a state of dreadful suffering. On inquiring, M. Malgaigne learned that both she and one of her daughters urinated in a different manner from other females—the jet passing upwards and in front; and he concluded that the urethra mounted higher up in front of the pubis

than usual, and that this bone had prevented the passage of the catheter. By directing the instrument first from above, downward, then turning it, and pushing it upwards and backwards, he easily reached the bladder. He was perfectly astonished at the enormous quantity of urine that came away—this far exceeding any thing he had ever witnessed before. By weight, it amounted to 3300 *grammes*, and by measure to three *litres*; that is, between eight and nine apothecaries pounds, or between five and six imperial pints.—*Med. Chir. Rev.*

MISCELLANEA.

Cantharidal Collodion.—Dr. Ilisch, of St. Petersburg, has combined collodion with cantharidine. The combination he states to be equally efficacious, and more convenient in application than the common blister plaster. The solution is laid on with a hair pencil. It is formed by acting on four hundred parts of coarsely-powered cantharides with four hundred parts of sulphuric ether and ninety parts of acetic ether, then dissolving two parts of gun cotton in fifty-six parts of this ethereal mixture. Or it may be formed in a more expensive method by using pure cantharidine, one and a half part of the latter with two parts of gun cotton dissolved in forty-five parts of sulphuric, and fifteen of acetic ether. Although more expensive in preparation than common plaster, M. Ilisch states that it is more economical in use, three parts of the cantharidized collodion being equal to fifteen of ordinary plaster.—*Journal de Chimie Médicale*.

Annual Report of the National Vaccine Establishment.—The report from this establishment for the year 1850 has just appeared. The commissioners state that during the past year 172,944 charges of the vaccine matter have been distributed, and 9,089 children have been vaccinated by the surgeons appointed in the London districts, the board having likewise received returns of 114,190 cases vaccinated with lymph supplied from the establishment. Regret, nevertheless, is expressed that vaccination is not more universally resorted to, with which neglect the frightful amount of small-pox still existing in the United Kingdom is inevitably connected. In the metropolis alone, the total mortality from this pestilence amounted in eight years to 7,039, and was mainly dependent, as the commissioners believe, upon the neglect of vaccination: in support of which their report for 1817 is quoted, where it is stated that, from the year of its foundation (1809) 34,369 persons had been vaccinated within the bills of mortality, of whom only four had the small-pox.—*Med. Gaz.*

OBITUARY.

DEATH OF M. CAPURON. We regret to have to announce this week the death of M. CAPURON, a man who had deservedly attained a high European reputation as an obstetric practitioner, and a most successful teacher of midwifery. Singular almost to eccentricity, he had the reputation of being addicted to miserly habits. It is said that his dwelling was for the long period of forty years one small lodging, which would not have satisfied the wants of an average French student. But it now appears that while he lived in a most frugal and economical manner, he dispensed secretly the greater part of the money which he acquired by his practice and lectures, in acts of charity and benevolence. With ample means to live in a sumptuous style, he subjected himself to privations of every kind, for the relief of the destitute. It is twenty-five years since we attended his lectures in the Rue de l'Ecole de Médecine, when he was in the zenith of his reputation as a popular teacher. He had that easy off-hand style of address which is a peculiar feature of French professors, and which conveys the impression to Englishmen that their lectures are delivered without any previous thought or preparation for the subject. The benches of the theatre were uniformly crowded with pupils. M. Capuron did not contribute much to medical literature. He wrote a treatise on Practical Midwifery, which went through more than one edition: and he also published a valuable work on Medical Jurisprudence in reference to questions in midwifery. Although this is now considerably behind the present state of science, it is nevertheless full of practical suggestions for the guidance of obstetric witnesses; and it shows great acumen and a comprehensive judgment in the writer.

M. Capuron has died at a very advanced age. He has bequeathed to the Academy of Medicine the sum of one thousand francs (£40) per annum, to be distributed as an annual prize on some medical subject to be selected by the Academy.—*Transiit beneficiendo!*—*Med. Gaz.*

DEATH OF DR. PROUT. On the 9th of April at his residence in London, aged years. Dr. Prout was one of the most distinguished of the members of the medical profession of England. He was alike deservedly well known to the profession and the public by his various contributions to the advancement of medical science. His Bridgewater Treatise on Chemistry, Meteorology and the Function of Digestion, considered with reference to Natural Theology, and the invaluable Treatise on the Nature and Treatment of Stomach and Renal Diseases, were believed to be his best productions. He contributed many valuable papers to the Philosophical Transactions.

PART FOURTH.

EDITORIAL

AND

AMERICAN MEDICAL RETROSPECT.

PUBLIC HYGIENE—CELLAR POPULATION—*Character and Effect of upon the Public Health.*—Recently a very important step has been taken towards the acquirement of a knowledge of the actual sanitary condition of the cellar population of our city. Many of our readers may not be aware of the fact, that over *eighteen thousand* human beings in this city eat, drink, and sleep under ground! Astounding as this fact may appear to them, we have it now in our power to present the statistics relating to this matter. The credit of originating the plan that has led to such desirable information, belongs to Dr. James Stewart. At his request, the Chief of Police, in the month of March last, completed a census of the inhabited cellars in this city; the number of rooms in each; and the number of occupants. In this document, which is one of great length, we have some startling facts developed, in regard to what might be characterized, in the language of the "Tribune," a "Subterranean City, from whose damp and filthy portals ooze up the foul and poisonous miasma which continually pollutes the air, and sows the seeds of disease broadcast among the inhabitants of the Upper City." This document presents an account of the actual condition of the cellar population in each of the eighteen wards of the city. The grand total of all this subterra-

nean exploration being thus summed up: Number of basements occupied as permanent dwellings—that is, by persons who have no other rooms—3,742; rooms in the same, 8,141; total number of residents, 18,456, or $2\frac{1}{4}$ in a room. Of these, 1,016 basements are reported “dirty,” containing 5,423 persons, who are dirty also, or nearly $5\frac{1}{2}$ in each basement; 2,726 basements are “clean,” with 13,033 “clean” inhabitants, or $4\frac{3}{4}$ in a basement.

Thus it will be seen, that in this city 18,456 human beings, as stated above, live under ground. This being the real state of the case, it behooves us as medical men—the guardians of the public health—to inquire into the effect which such residences have upon the inmates themselves, and also, indirectly, upon the public at large. All medical men agree upon one point, viz.: that an underground basement is prejudicial to health, in any case, as a sleeping apartment; that the moisture or dampness coming from the earth is positively injurious to the due performance of the functions of respiration and nutrition; that the incarceration of human, like that of animal, beings, begets a depraved condition of the system, that, sooner or later, results in disease, and if the cause be continued, followed by death. Ventilation is essentially necessary to health—absolutely, to the dispersion of the elements of contagion or infectious diseases. Dampness and want of ventilation are the essentials for the condensation and concoction of the essence of typhus or cholera. The experience of every medical man will, we think, attest the truth of these remarks. Dr. Stewart, in speaking of lodging in cellars, says, “that the great evil arising to public health by underground packing, may be traced to different theories; but it is sufficient for our present purpose to know the general fact, that the rate of disease is from 12 to 15 per cent. higher among inhabitants of cellars than among dwellers above ground,” and that the most apparent causes of the greater amount of disease are, “want of air, and the exhalations of the body, when there is neither space to dissipate, nor ventilation to sweep them away.” In another place it is said, that “from an actual record, of 5,548 persons attended at their own houses, from one of the dispensaries of this city, it appears that there was fifteen per cent. more sickness in the underground residences than in other apartments.” Again: “In the year 1820, typhus fever prevailed in Banker-street. There were 562 blacks living in the infected district; of these, 119 lived in cellars; of whom 54 or 45.50 per cent. were sick; the remaining 443 lived in the upper rooms; of whom 101 or 22.27 per cent. were sick. Of 120 white persons living above ground in this

district, not one was sick." (Dr. Griscom on the Sanitary Condition of the Pauper Population.)

If, then, as observation confirms, and facts abundantly prove, a residence in cellars is prejudicial in a great degree, to physical and moral health—if among this class want of ventilation, dampness, filth, disease and crime, follow each other as regular sequences—if, as there is great reason to fear, a considerable portion of the lower classes, in all large towns, especially those who inhabit cellars, are too much degraded to give themselves any concern about lessening the tendencies to disease, or to put themselves to any trouble to remove impurities, further than is absolutely necessary for their own convenience—then we say that, in all such instances, philanthropy, public hygiene, the dictates of reason, and the cause of humanity, demand that the authorities of the law should interfere, and compel compliance with those measures that are instituted for the preservation of the public health; and if such measures are inadequate, let us have enacted such as will prove efficient for the purpose of preventing the alarming consequences which flow directly from such conditions.

REPORT OF THE PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION, at their Third Annual Meeting, held at Cincinnati, May, 1850. The following is the most complete and accurate report of the proceedings of the Association which has come to our knowledge, it having been prepared by the assistance of the Secretary, Dr. STILLÉ; we therefore give it entire from the Medical Examiner of June.

The Association met in the "College Hall," May 7th, at 10½ A. M. The President, Dr. WARREN, in the Chair.

Dr. STRADER, on behalf of the Committee of Arrangements, read a list of the delegates who had registered their names. About three hundred delegates were present.

The President delivered an Address.

On motion of Dr. WATSON, of N. Y., the Constitution was read. The rules being suspended, Dr. WATSON moved that Drs. DRAKE, RIVES, LAWSON, DODGE, STRADER and RICHARDS, members of the Committee of Arrangements appointed in 1849, but not belonging to the Association, be elected permanent members.

On motion of Dr. STILLÉ, the name of Dr. C. C. CALDWELL, of Louisville, was added to the number, and the whole elected by an unanimous vote.

An invitation was presented from the "Mercantile Library," offering to the Association the use of its reading room, for which, and for all similar invitations, the thanks of the Association were, on motion of Dr. PHELPS, directed to be tendered.

On motion of Dr. PHELPS, it was *Resolved*, That the Afternoon Session of the day commence at 4 P. M.

The names of the delegates first recorded on the list of the several States, were then read, on motion of Dr. WATSON, and the gentlemen requested to call their colleagues together, for the purpose of constituting a Nominating Committee.

Adjourned.

Afternoon Session.

The PRESIDENT in the Chair.

The Committee of Arrangements reported the names of persons recommended by various delegates as members by invitation.

Dr. WHITE, of N. Y., moved that the subject be referred to a Special Committee of Five, who should report, at the Morning Session, the names of all who ought to be elected by the Association; which was agreed to, and the following committee appointed:

DRS. WARE, of Mass., JOHNSON, of Miss., DOWLER, of La., PARRISH, of Pa., FLINT, of N. Y.

The Committee of Arrangements presented an invitation to the Association from the Western Art Union to visit their rooms.

The names of delegates arrived since the morning report were read by the Committee.

The Secretary read a letter, addressed by the Secretary of the Smithsonian Institute to the President of the Association, relative to the registration of diseases, &c., throughout the United States, and offering, in behalf of the Smithsonian Institute, a room in its building as a place of meeting for the Association.

On motion of Dr. PHELPS, of N. Y., that portion of the letter having reference to the Annual Meeting, was referred to the Nominating Committee.

On motion of Dr. KNIGHT, of Conn., that part bearing upon registration was referred to the Committee on Hygiene.

The Secretary asked and obtained leave to present the Reports of the Publishing Committee and of the Treasurer.

They were accepted, and referred to the Committee on Publication, and the Resolutions appended to the Report of the Committee on Publication were adopted, as follows:

Resolved, That the assessment for the present year be *three dollars*.

Resolved, That those delegates who pay the assessment shall be entitled to one copy of the Transactions of the present year; and that the payment of two dollars, in addition, shall entitle them to two additional copies.

Resolved, That permanent members shall be entitled to one copy of the Transactions of the present year, on the payment of two dollars, and three copies on the payment of five dollars.

Resolved, That Societies which are represented at this meeting shall be entitled to copies for their members on the same terms that such copies are furnished to permanent members.

Resolved, That permanent members, unless present at the meeting as delegates, shall not be subject to any assessment.

Resolved, That any delegate who is in arrears for his annual assessment shall not be considered as a permanent member.

Resolved, That the several committees be requested to bring their reports correctly and legibly transcribed; and that they be required to hand them to the Secretaries as soon as they have been read.

On motion of Dr. MARTIN, of Indiana, the Committee of Arrangements were requested to procure another room for the meetings of the Association.

On motion of Dr. PARRISH, of Pa., the Report of the Committee on Medical Education was made the order of the day for the next morning.

The Secretary presented and read a part of the Report on Hygiene.

Dr. PHELPS moved the reference of the Report to the Committee on Publication.

Dr. LAWSON, of Ohio, moved that it be laid on the table, for the further consideration of the meeting.

The amendment was negatived, and Dr. PHELPS's motion was then adopted.

A communication from Dr. FENNER, of La., was received, accompanied by a portion of a work, now in the course of publication, upon the Meteorology, Medical Topography, and Diseases of the Southern States, and asking the co-operation of the Association.

The subject was laid upon the table, in consequence of the entrance of the Nominating Committee, prepared to report the names of the officers of the Association.

The Committee, consisting of one from each State, reported the following as Officers of the Association:

President.—R. D. MUSSEY, M. D., Ohio.

Vice Presidents.—J. B. JOHNSON, Missouri, A. LOPEZ, Alabama, DANIEL BRAINARD, Illinois, G. W. NORRIS, Pennsylvania.

Secretaries.—ALFRED STILLÉ, Pennsylvania, H. W. DE SAUSURE, South Carolina.

Treasurer.—ISAAC HAYS, Pennsylvania.

The Report was accepted, and Dr. SMITH, of N. J., moved that the officers thus nominated be the Officers of the Association for the ensuing year.

After some discussion by Drs. STORER, of Mass., YANDELL, of Ky., McNALLY, of Ohio, WHITE and WATSON, of N. Y.,

Dr. HOLT moved the previous question, which was sustained, and Dr. SMITH's resolution was adopted.

On motion of Dr. ROBERTS, of Md., the Association then adjourned until 9 A. M., May 8th.

May 8th.—Morning Session.

Dr. WARREN in the Chair.

The minutes of the previous meeting were read and approved.

The Committee of Arrangements reported the names of delegates arrived since the previous report.

The following resolutions, offered by Dr. BOWDITCH, of Mass., were then unanimously adopted:

Resolved, That the American Medical Association has learned with deep regret of the death of Prof. HARRISON, their late Vice President, and they hereby wish to express their high sense of the virtues, talents, and professional merit of their distinguished associate.

Resolved. That in dying, as he did, while engaged in ministering to the wants, and relieving the sufferings of his fellow-citizens, this Association recognize in him a noble example of professional self-sacrifice.

Resolved, That the warmest sympathies of this Association are hereby most respectfully tendered to the family of their honored and deceased associate.

On motion of Dr. STILLÉ, it was

Resolved, That a properly authenticated copy of the resolutions be transmitted to the family of Dr. HARRISON.

Dr. BLACKBURN, of Ky., moved that a committee of three be appointed by the Chair to introduce the newly elected officers, and to conduct the president elect to the Chair.

The Chair appointed Drs. KNIGHT, of Conn., CORBIN, of Va., and BLACKBURN, of Ky.

The President elect having been introduced by the Committee, was presented to the Association by the President. Dr. MUSSEY then returned his thanks to the Association for the honor conferred upon him.

On motion of Dr. CORBIN, of Va., the late President and Vice Presidents were invited to take their seats upon the platform.

The following resolution, introduced by Dr. KERFOOT, of Pa., was unanimously adopted :

Resolved, That the thanks of the Association be tendered to the late officers, for their very gentlemanly, courteous, and efficient manner of conducting the business of the Association.

Dr. STILLÉ moved a suspension of the rules, for the purpose of hearing the report of the Committee on members by invitation.

Dr. WARE, chairman of the committee, made a report, concluding with the following resolutions :

Resolved, That all those gentlemen who have been nominated to the Association be admitted as members by invitation.

Resolved, That, at the next meeting of the Association, a committee shall be appointed, at an early period of the session, to whom shall be presented all nominations of members by invitation, who shall report such of them for admission as shall appear, according to a liberal interpretation of the Constitution, to have a claim to this privilege.

Dr. WHITE, of N. Y., moved the adoption of the resolutions ; but on motion of Dr. RIVES, of Ohio, the resolutions were considered separately, and the first was adopted. The second, after much discussion, was, on motion of Dr. PALMER, of Michigan, indefinitely postponed.

Dr. HOOKER, of Conn., offered the following :

Resolved, That the section in the Constitution relating to members by invitation be repealed.

This lies over, according to rule, until the next meeting of the Association.

Dr. EVANS, of Ky., also offered a resolution of the same purport.

The President announced the Report of the Committee on Education as the order of business of the day.

Dr. WATSON asked a suspension of the rules, for the purpose of bringing before the Association the communication of Dr. FENNER, of N. O., which was refused.

Dr. BLATCHFORD, of N. Y., presented the report of the Committee on Education, which he requested might be read by the Secretary, as the chairman of the Committee was absent. The Secretary read the report.

[This report is the production of the Chairman, Dr. JOSEPH ROBY, Professor in the University of Maryland, and was not signed by either of his colleagues.]

Dr. BLATCHFORD offered the following resolutions, prefacing them with the remarks that, although a member of the Committee, he had not seen the report until late on the preceding evening, and that he dissented altogether from the opinions it expressed.

Whereas, This Association has learned through its several committees, appointed from year to year to examine into the state of medical education in our country, that many of the medical colleges invested by law with the power of granting degrees, still continue a system of instruction which we cannot but regard as defective both in the time allotted to the delivery of lectures, in the attention paid to practical anatomy, in the facilities afforded for clinical instruction, and in the low standard of the requirements for a degree, therefore,

Resolved, That this Association reiterates its former recommendations upon these points, and would urge upon the medical colleges to continue their efforts to elevate the standard of medical education, by adopting such changes in their courses of instruction as shall satisfy the just and reasonable desires of the profession.

Resolved, That the thanks of the American Medical Association are due to the Faculties of the *University of Pennsylvania*, and of the *College of Physicians and Surgeons of New-York*, and all other institutions which may have conformed to our recommendations, for their prompt response to the recommendations of the Association for the improvement of Medical Education.

[Upon these resolutions an animated debate ensued, occupying the chief part of two sessions; which was participated in by Drs. Parrish, Morris, and Stillé, of Philadelphia; Yandell and Blackburn, of Louisville, Ky.; Blatchford and Watson, of New-York; Davis, of Chicago; Storer, of Boston; and Professor Gilman, of the College of Physicians and Surgeons of New-York, and several other speakers, in favor of the resolutions; and by Professors Annan and Miller, of the Louisville Medical School; Mitchell, of the Jefferson College of Philadelphia, and several other gentlemen, in opposition.]

In the course of the discussion, among several amendments introduced, was the substitute proposed by Dr. L. M. Lawson, of Cincinnati, Professor in the Medical College of Ohio. (*Vide Minutes.*)

Much time having been spent on these several propositions, without coming to a direct vote, it was finally agreed to refer them to the Committee on Medical Education for next year. Subsequently a resolution offered by Dr. Morris as a substitute for the whole, was passed in committee, and, when reported to the Association, adopted. This resolution simply affirms anew the recommendations which had been made at previous meetings of the Association.]

Dr. ROBERTS, of Md., also a member of the committee, had never seen the report until the preceding evening, and did not entirely approve of it.

Dr. STILLÉ wished to correct a statement made in the Report, "That none of the Colleges of Pharmacy in the Atlantic cities seem to be in active operation." Dr. STILLÉ called attention to the fact that the Colleges of Pharmacy of New-York and Philadelphia were

in active operation, and had shown their activity, amongst other ways, by taking an efficient part in procuring the passage of the law to prevent the importation of spurious and adulterated drugs. Dr. ISAAC WOOD, of New-York, also desired to say that the College of Pharmacy of New-York was in active and efficient operation.

Dr. PARRISH, of Pa., expressed himself at length in opposition to the doctrine of the Report, but moved that it should take the usual course, and be referred to the Committee on Publication.

Dr. ANNAN, of Ky., moved to amend, by referring the Report and the Resolutions of Dr. BLATCHFORD to a Select Committee, of which Dr. PARRISH should be Chairman.

After much discussion, Dr. STILLÉ offered the following as an amendment, which was adopted :

Resolved, That the Report of the Chairman of the Committee on Medical Education be re-committed for correction as to matters of fact, and then handed to the Committee of Publication.

Resolved, That the resolutions of Dr. BLATCHFORD be made the special order for the meeting of this afternoon.

On motion of Dr. KNIGHT, of Ct., it was

Resolved, That the Committee appointed to nominate the Officers of the Association be continued, and that they be directed to nominate the several Standing Committees of the Association for the ensuing year, and also to designate the place of the next meeting of the Association.

Dr. REYBURN, of Mo., on behalf of the Medical Society of the State of Missouri, tendered an invitation from said Society to the National Medical Association to meet in St. Louis after the next annual meeting.

The Chairman of the Committee of Arrangements informed the Association that they were unable to obtain the permanent use of the only other Hall suitable for its meetings. On motion of Dr. ROBERTS, of Md., the Association continued to meet in the present Hall.

Adjourned to 3½ P. M.

Afternoon Session.

Dr. JOHNSON, Vice President, in the Chair.

The discussion of Dr. BLATCHFORD's resolutions was resumed, and Dr. MILLER, of Ky., moved to amend the first by inserting after the word "efforts,"—"and the lay members of the profession who take office students to begin their efforts," which was accepted by Dr. BLATCHFORD.

Before coming to a vote, the Association adjourned to 9 A. M., of Thursday.

May 9th.—Morning Session.

Dr. JOHNSON, Vice President, in the Chair.

The minutes of the previous meeting were read and approved.

The Chairman of the Committee of Arrangements offered the following :

Resolved, That no member shall speak at one time longer than fifteen minutes, nor on any motion more than twice, without permission of the Association.

Which was adopted, after having been amended by changing the word "fifteen" to "ten."

The Secretary read a letter from the Dean of Cleveland Medical College, regretting the inability of their delegates to attend the meeting of the Association.

Letters of invitation were received from the Steward of the *Commercial Hospital of Ohio*, and Prof. C. M. MITCHELL, of the Observatory, to the members of the Association, to visit their respective institutions. On motion of Dr. EVE, of Ga., it was *Resolved*, That 2½ o'clock P. M. be the hour at which the Association will attend at the Observatory; and on motion of Dr. MCPHEETERS, That in order to give the members time to visit the Observatory, when the Association adjourns, it does not meet until 4 P. M.

The PRESIDENT announced the resolutions of Dr. BLATCHFORD, amended by Dr. MILLER, of Ky., as the first business in order.

Dr. EVE, of Ga., moved that the resolutions be indefinitely postponed, which was not adopted.

After much discussion, the previous question was moved by Dr. EDWARDS, and carried.

A motion for a reconsideration having been made, was carried, and the resolutions being again open for discussion, it was moved by Dr. J. R. WOOD, of N. Y., that the Association go into Committee of the Whole, with Dr. KNIGHT, of Ct., in the Chair. This resolution being adopted, Dr. KNIGHT took the chair.

When the Committee rose to report, on motion of Dr. LOPEZ, the rules were suspended, in order to enable him to make an explanation and read a protest on behalf of the delegates of the State of Alabama, against certain statements made in the Report of the Committee on Education in 1849, and published in the volume of Transactions of that year; the protest concluding with the following resolution:

Whereas, The 3d section of the Report on Medical Education, entitled, "Legal requirements exacted of medical practitioners in the several States of the Union," being discordant with the laws of the State of Alabama, now existing and in force from 1823, unrepealed; and now especially at variance with a strict sense of justice and respect to the medical faculty of that State, in their professional relations and public standing,

Resolved, That the foregoing protest be entered upon the minutes of this present Convention, and entered upon its published proceedings.

On motion of Dr. Cox, the protest was accepted, and referred to the Committee of Publication.

Dr. LOPEZ, 2d Vice President, then took the Chair, and the Chairman of the Committee of the Whole reported that they had had under consideration the preamble and resolutions of Dr. BLATCHFORD, and certain other resolutions herewith submitted, proposed by Drs. LAWSON and DRAKE, of Ohio, THEOBALD, of Md., and GROSS, of Ky., which were recommended by resolution of Dr. FLINT, of N. Y., to be referred to the Standing Committee for 1851; and that they

afterwards adopted the accompanying resolution of Dr. MORRIS, of Pa., offered as a substitute for the above.

On motion, the report of the committee was adopted.

Amendment offered by Dr. LAWSON, of Ohio :

Resolved, That this Association earnestly recommends to the members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or the written certificates of competent persons, before receiving young men into offices as students, that they are of good moral character, and that they have acquired a good English education.

Resolved, That all medical colleges be advised to require of their students to exhibit evidence of a good English education prior to graduation.

Resolved, That medical colleges be advised to extend their lecture term to at least five months

Resolved, That medical colleges be most earnestly requested to elevate the standard for graduation, and that no candidate be permitted to receive a degree who does not evince a thorough knowledge of the elements of medical science.

Resolved, That the schools which fail to comply with these resolutions, be refused a representative in this Association.

Amendment offered by Dr. DRAKE :

Resolved, That the medical schools of the United States should require pupils to remain till the end of the session, whatever may be its length, except when permission may be given to depart.

Amendment offered by Dr. THEOBALD, of Maryland :

Resolved, That those medical schools in the United States which have laws requiring a student to be 21 years of age, and to study medicine three years, before he is eligible to the degree of M. D., be requested to enforce said laws ; and that those which have no such laws, enact them.

Amendment offered by Dr. GROSS, of Kentucky :

Resolved, That the resolution be so far amended as to strike out the words, "*of the University of Pennsylvania, and the College of Physicians and Surgeons of New-York.*"

Resolution offered by Dr. MORRIS, of Pa., as a substitute, passed in Committee of the Whole, reported to the Association, and adopted by it :

Resolved, That the recommendation of this Association at its former meetings in regard to medical education, be affirmed, and that private preceptors be still urged to receive into their offices only those duly qualified by previous education to engage in the study of medicine.

On motion of Dr. FLINT, the Report of the Committee on Practical Medicine was made the special order of business for the afternoon session.

Adjourned to meet at 4 P. M.

Afternoon Session.

Dr. LOPEZ, Vice President, in the Chair.

The Association met at 4 P. M.

On motion of Dr. STILLÉ, the Report of the Standing Committee on Surgery was made the order of the day for Friday, at 9 A. M., and certain resolutions proposed by Dr. CALDWELL, the next succeeding business.

Dr. DRAKE announced that a case of samples of Tilden & Co.'s

inspissated extracts had been presented to the Association, and that they were ready to be distributed amongst the members.

Dr. MORRIS, of Philadelphia, asked leave to correct an important clerical error in the resolution offered by him at the morning session in Committee of the Whole, and subsequently adopted by the Association, and that where the word *preliminary* occurs therein, the word *medical* be substituted for it. Leave was granted.

Dr. FLINT, of N. Y., offered the following resolution, which was lost :

Resolved, That a popular address, on some medical subject, shall be annually delivered during the session of this Association, before the citizens of the place in which it shall meet, and that the Nominating Committee shall nominate some member of the Association for this purpose, with an alternate in case of his failure.

Dr. WATSON, of New-York, presented the following resolution, which was adopted :

Resolved, That Dr. FENNER's projected annual publication on the Diseases and Statistics of the Southern portion of the United States, meets with the cordial approbation of the American Medical Association, and is worthy of the active support and co-operation of the profession.

D. J. K. MITCHELL, of Philada., presented and read the report of the Standing Committee on Practical Medicine, which was on motion received and referred to the Committee on Publication.

The following list of nominations was presented by the Nominating Committee :

Medical Sciences.

Dr. BENNET DOWLER, of New Orleans, Chairman.

Dr. Fenner, N. O.	Dr. F. G. Smith, Philada.
" Upshur, Petersburg, Va.	" Carr, Canandaigua, N. Y.
" Johnson, Marion, Ala.	" Meers, Indianapolis, Ind.

Practical Medicine.

Dr. AUSTIN FLINT, Buffalo, N. Y., Chairman.

Dr. Conger, Buffalo, N. Y.	Dr. G. L. Corbin, York Co., Va.
" R. H. Davis, Baltimore, Md.	" J. McNaughton, Albany, N. Y.
" W. A. Norwood, Hillsboro', N. C.	" R. Haymond, Brookville, Ind.

Surgery.

Dr. PAUL F. EVE, Augusta, Ga., Chairman.

Dr. J. N. Simmons, Ga.	Dr. S. D. Gross, Louisville, Ky.
" John Watson, N. Y.	" C. A. Pope, St. Louis, Mo.
" H. H. McGuire, Va.	" A. B. Palmer, Tecumseh, Mich.

Obstetrics.

Dr. D. H. STORER, Boston, Chairman.

Dr. Reynolds, Boston.	Dr. S. Thompson, Albion, Ill.
" H. Miller, Louisville, Ky.	" Parker, Kenoska, Wisconsin.
" T. M. K. Smith, Delaware.	" A. J. Mullen, Napoleon, Ind.

Medical Education.

Dr. WORTHINGTON HOOKER, Norwich, Ct., Chairman.

Dr. T. W. Blitchford, Troy, N. Y.	Dr. J. R. Wood, N. Y.
" J. B. S. Jackson, Boston.	" N. S. Davis, Chicago, Ill.
" E. W. Theobald, Baltimore.	" C. J. Blackburn, Covington, Ky.

Medical Literature.

Dr. THOMAS REYBURN, St. Louis, Chairman.

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| Dr. W. M. McPheeters, St. Louis. | Dr. Cas. Couper, Newcastle, Del. |
| " L. M. Lawson, Cincinnati. | " G. Tyler, Washington, D. C. |
| " S. Annan, Lexington, Ky. | " N. L. Thomas, Clarksville, Tenn. |

Committee on Publication.

Dr. ISAAC HAYS, Philada., Chairman.

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| Dr. Alfred Stillé, Philada. | Dr. J. R. W. Dunbar, Baltimore. |
| " D. F. Condie, " | " Isaac Parrish, Philada. |
| " H. W. De Saussure, Charleston. | " N. Sanborn, Henniker, N. H. |

Committee of Arrangements.

Dr. H. R. FROST, Charleston, Chairman.

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| Dr. P. C. Gaillard, Charleston. | Dr. J. P. Jervy, Charleston. |
| " H. W. De Saussure, " | " R. Lebby, " |
| " W. T. Wragg, " | " D. J. Cain, " |

The Committee also recommended that the next meeting of the Association be held at *Charleston, S. C.*

It was moved by Dr. BOWDITCH, that the whole report of the Committee on Nominations be received and adopted.

Dr. LAWSON moved that the report lie on the table, but this motion was negatived, and the original motion decided in the affirmative.

Dr. EVANS, of Chicago, presented a brief report from Dr. PRIOLEAU, Chairman of the Committee on Obstetrics, which was read and referred to the Committee on Publication, to be published or not, at their discretion.

Dr. EVANS also presented a paper relating to a new instrument invented by him, called the *Obstetrical Extractor*, and which he exhibited to the Association, describing upon the manikin, the mode of manipulating it. The paper was referred to the same committee, and with like conditions as the last.

Dr. DRAKE, as Chairman of the Committee of Arrangements, introduced a paper by Dr. N. S. DAVIS, upon the question, "Has the cerebellum any special connection with the sexual propensity or function of generation?" It was read by its author, and referred to the Committee on Publication.

Adjourned till Friday at 9 A. M.

May 10th.—Morning Session.

Dr. JOHNSON, Vice President, in the Chair.

The minutes of the previous meeting were read and approved.

Dr. PARSONS, of R. I., Chairman of the Committee on Medical Science, presented the report of the committee, which was received and referred to the Committee on Publication without being read.

The Chair announced the Report of the Committee on Surgery as the special order of business.

Dr. BRECKENRIDGE, of Ohio, moved a suspension of the rules, which was lost.

Dr. BLATCHFORD, of N. Y., asked a suspension of the rules, to enable him to present a resolution, which was refused.

Dr. MUSSEY, Chairman of the Committee on Surgery, stated that he had been requested by Dr. HUSTON, Chairman of the Committee on Spurious and Adulterated Drugs, to be permitted to read that report first, as he was about to leave the city. On motion of Dr. SMITH, of N. J., the rules were suspended in order to allow the Report of the Committee on Spurious and Adulterated Drugs to be read first, to be immediately followed by the Report of the Committee on Surgery.

Dr. HUSTON read his report, concluding with the following resolutions :

Resolved, That the various State and local Medical Societies be requested annually to appoint Boards of Examiners, whose duty it shall be to procure specimens of drugs from the stores within their limits for examination, and report upon the same to their respective Societies at least once a year.

Resolved, That the respectable druggists and apothecaries throughout the United States be requested to take active measures for suppressing the fabrication and sale of inferior and adulterated drugs ; and that it is respectfully suggested to them, wherever practicable, to form themselves into Societies or Colleges, for the promotion of pharmaceutical knowledge, and general improvement in their profession.

Resolved, That a committee be appointed, consisting of one member from each State here represented, whose duty it shall be to collect information with regard to spurious and adulterated drugs, and report the same at the next meeting of the Association.

On motion of Dr. STILLÉ, the report was received, and referred to the Committee on Publication, and the resolutions were adopted.

Dr. MUSSEY, Chairman of the Committee on Surgery, presented and read the Report of the Committee, which, on motion, was received and referred to the Committee on Publication.

Dr. C. C. CALDWELL, of Ky., presented the following resolutions :

Resolved, That a committee of — be appointed, to take into consideration and report at the next meeting of the Association, how far the sciences of Phrenology and Mesmerism (or Animal Magnetism) are founded in truth, and to what extent a knowledge of them may be rendered subservient to the treatment and cure of diseases.

Resolved, That a committee of — be appointed, to take into consideration the subject of Vital Organic Chemistry, and report at the next meeting of the Association, whether a branch of science justly entitled to that name exists, and if so, how far a knowledge of it can be rendered available to the welfare of man

Dr. STILLÉ, of Pa., offered the following resolutions as a substitute for the above. Dr. CALDWELL accepted the substitution, and they were adopted.

Resolved, That Dr. CALDWELL be requested to prepare a report, to be presented at the next meeting, showing how far, in his judgment, the sciences of Phrenology and Mesmerism are founded in truth, and to what extent a knowledge of them may be rendered subservient to the treatment and cure of diseases.

Resolved, That Dr. CALDWELL be presented to take into consideration the subject of Vital Organic Chemistry, and report to the next meeting whether, in his judgment, it can be justly called a branch of science, and if so, how far a knowledge of it can be rendered available to the welfare of man.

The Committee on Nominations reported the following names as composing the Committees :

Committee on Indigenous Medical Botany and Materia Medica.

Dr. A. CLAPP, New Albany, Indiana, Chairman.

Dr. J. M. Bigelow, Lancaster, Ohio.

Dr. J. Carson, Philadelphia.

" G. Engelmann, Mo.

" N. B. Ives, New Haven, Conn.

" H. R. Frost, S. C.

" U. Parsons, Providence, R. I.

Committee on Hygiene.

Dr. JAS. MOULTRIE, Charleston, South Carolina, Chairman.

Dr. P. C. Gaillard, S. C.

Dr. L. H. Anderson, Sumpterville, Ala.

" H. W. De Saussure, S. C.

" G. Emerson, Philadelphia.

" D. Drake, Cincinnati, Ohio,

" J. Parrish, Burlington, N. J.

On motion the Report was accepted, and the nominations confirmed.

On motion, the Report of the Committee on *Medical Literature* was made the special order for the Afternoon Session.

On motion of Dr. YARDLEY, it was

Resolved, That the Committee on Hygiene be requested to report the best plan of warming and ventilating public and private buildings.

Dr. BLATCHFORD, of N. Y., offered the following, which was adopted:

Resolved, That a Special Committee on Pharmacy and the Adulteration of Drugs shall be appointed by the President, consisting of seven members, of whom Dr. T. O. EDWARDS, of Ohio, shall be Chairman, to report at our next annual meeting; and that the Special Committee on Forensic Medicine, appointed last year under Dr. STEVENS's resolution, be reappointed, and that it be optional with Dr. STEVENS to continue as Chairman, or to appoint a successor.

On motion of Dr. MORRIS, of Pa., it was

Resolved, That it is with great satisfaction the members of this Association have observed the establishment of drug stores in which neither patent medicines, nostrums, nor other articles by which the artful and designing impose on the ignorant and credulous are exposed for sale; and that the Association recommends to its members to exert their influence in their respective spheres of action to encourage similar efforts in other places.

Dr. PHELPS, of N. Y., offered the following resolution, which was adopted:

Whereas, The clerical profession often, though perhaps sometimes unwarily, yield their extensive influence in the community in giving currency to quackery and quack medicines, therefore

Resolved, That this subject be referred to the Committee on Hygiene, to consider and report at the next annual meeting of the Association.

Dr. W. HOOKER, of Ct., offered the following resolutions:

Resolved, That the rule in relation to nostrums and secret medicines, contained in our code of medical ethics, ought to be strictly observed by the medical profession under all circumstances.

Resolved, That when a physician claiming to be the inventor of a new medicine, and using the measures of the common quack in effecting its sale, manages to escape censure and punishment, and to obtain even the countenance of a portion of the profession, by revealing the composition of his medicine to such of his medical brethren as may desire it, he is guilty of a dishonorable evasion of the rule referred to, and should be so considered and treated by the whole profession.

Dr. LAWSON, of Ohio, moved to amend by the addition of the following:—

Resolved, That this Association regards it as contrary to its system of ethics for medical journals to advertise nostrums, or secret remedies, although their composition may have been made known to the editor.

The resolutions and amendment were then adopted.
Adjourned to 3½ o'clock P. M.

May 10th.—Afternoon Session.

Dr. JOHNSON, Vice President, in the Chair.

Dr. MILLER, of Kentucky, moved a suspension of the rules, and offered the following preamble and resolution, which were adopted :

Whereas, Clinical instruction in medicine and surgery is now generally acknowledged to be essential to the proper qualification of students for the practice of these branches of our profession, and whereas it must be admitted that clinical instruction in midwifery would be equally valuable, therefore,

Resolved, That the Committee on Medical Education be instructed to inquire whether any practical scheme can be devised to render instruction in midwifery more practical than it has hitherto been in the medical schools of the United States, and report at the next meeting of this Association.

The Secretary presented several reports, &c., which, on motion, were made the special order immediately after the report on Medical Literature.

Dr. STILLÉ, Chairman, presented and read the report of the Committee on Medical Literature, concluding with the following resolutions :

Resolved, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

Resolved, That in the opinion of this Association it is equally the duty and the interest of the profession to sustain its periodical literature, both by literary contributions and subscription.

Resolved, That since literary excellence is best developed by literary studies, the formation of medical reading clubs, after the plan set forth in the report, is urged especially upon physicians in places where the periodical and other medical publications of the day are not readily accessible upon other terms.

Resolved, That the Standing Committee on Medical Literature be instructed to report to the Association at its next meeting, what medical work published during the year of their service, in their judgment is the most valuable, and, with the consent of the Association, such work shall be formally proclaimed by the President.

Resolved, That the State and local societies are hereby recommended to offer pecuniary reward, or other distinction, for the best memoir founded upon original observation.

Resolved, That medical colleges are hereby recommended to distinguish the best inaugural thesis by a public announcement of its subject and the name of its author, and in such other manner as they may deem appropriate.

Resolved, That the sum of *one hundred dollars* raised by voluntary contribution, be offered by this Association for the best *experimental* essay on a subject connected either with Physiology or Medical Chemistry, and that a committee of seven be appointed to carry out the objects of this resolution : said committee to receive the competing memoirs until the first day of March, 1851 ; the authors' names to be concealed from the committee : and the name of the successful competitor alone to be announced after the publication of the decision.

On motion the report was accepted, and referred to the Committee of Publication, and the resolutions were adopted.

The Report and memorial of the Committee on an international copyright law, ordered to be prepared at the last meeting of the Association, was read and accepted, and the memorial ordered to be signed by the officers and transmitted to Congress.

The Report of the Special Committee, appointed to consider the measures suggested in the Report on Medical Literature, for 1849, was submitted: the following resolution appended to the report was read and adopted:

Resolved. That in the opinion of this Association, the only legitimate means within our reach for the encouragement and maintenance of a national medical literature, is to increase the standard of preliminary and professional education required of those who would enter the medical profession; to promote the circulation among the members of the profession of the medical journals of the day; to encourage the establishment of district medical libraries, and to induce every practitioner to cultivate, with care, the fields of observation and research that are within his reach.

On motion, the report was accepted and referred to the Committee on Publication.

Dr. GROSS, of Ky., offered the following preamble and resolutions, which were adopted:

Whereas, The interests and dignity of the medical profession of the United States, as well as a true spirit of patriotism and a love of independence, demand that we should use all proper and honorable means for the establishment of a national medical literature, and whereas we have hitherto paid too blind and indiscriminate a deference and devotion to European authorities, and not sufficiently patronized and protected our own; therefore

Resolved, That this Association earnestly and respectfully recommends to the medical profession generally, and to the various medical schools in particular, the employment of native works as text-books for their pupils, instead of the productions of foreign writers.

Resolved, That the editing of English works by American physicians, has a tendency to repress native literary and scientific authorship, and ought therefore to be discouraged by all who have at heart the objects contemplated in this preamble.

Resolved, That this Association will always hail with satisfaction the re-print, in their original and un mutilated form, of any meritorious works that may emanate from the British press.

On motion of Dr. ROBERTS, of Md., it was

Resolved, That a committee of three be appointed by the chair for the purpose of preparing for the action of the Association at its next convention, all unfinished business found upon its records.

Dr. ROBERTS also offered the following, which was adopted:

Resolved, That all proposed alterations of the constitution be, and they hereby are, laid on the table for the present.

Dr. DRAKE, of Ohio, offered the following as an amendment to the constitution.

Resolved, That the second section of the Regulations of the Association be so amended, as to require that candidates for membership, by invitation, be nominated in writing by five members: that when elected they shall enjoy all the rights of delegates, and that all permanent members shall be entitled to vote. The resolution involving an amendment to the constitution lies on the table till the next meeting.

Dr. McGUIRE, of Va., offered the following Preamble and Resolutions, which were unanimously adopted:

Whereas, in every properly organized community governed by military laws, every member of it should possess a recognized position; as no military organization can be efficient and complete without including a corps of competent surgeons; as the value of their services depends in a great measure upon the degree of respect

accorded to them, the common interests of our country and of our profession demand that the legal position of medical men in the army and navy should be such as will secure them due consideration by their military associates, independently of a contingent courtesy; and as efforts are now being made to deprive medical officers in the navy of the relative position or assimilated rank conferred by a general order of the Navy Department, it concerns the honor of the whole profession to assist its members in the navy to obtain and secure an assimilated rank by law. Therefore,

Resolved, That the American Medical Association is gratified by the legislation of Congress which has conferred military rank on medical officers of the army, as it places them on an equality with officers of the several staff departments, and thus gives them a position to which the importance and dignity of the profession they represent entitles them; and it is earnestly desired that Congress, in its present session, will extend the same privileges and immunities to medical officers in the navy.

Resolved, That the members of the American Medical Association will exert their influence to sustain the just pretensions of their brethren to an assimilated rank in the military organizations of the country; and they would view with feelings of deep mortification a proposition from any source to deprive the medical officers of the army of any of the privileges or powers secured to them by the act of Congress approved 11th February, 1847, a law which confers upon them a protective or conservative rank, and enables them to discharge their duties more effectually.

Resolved, That the members of the American Medical Association bear with regret that several naval commanders have disregarded the general orders of the Navy Department, which place medical officers on an equality of rights and privileges (except military command) with other officers in the navy; and they consider such resistance of the authority of the Secretary of the Navy an assumption which cannot be sanctioned by enlightened men of the present age, and should at once be put down by public opinion and by the authority of the government.

Resolved, That a definite position or assimilated rank, not inferior to that possessed by the medical staff of the army, should be assigned by law to medical officers in the navy, and therefore that the attention of the Senate and House of Representatives of the United States be, and is hereby invited to the subject.

Resolved, That copies of these resolutions be transmitted to the Secretaries of War and of the Navy, through the chiefs of the medical department of each service, and the presiding officer of the Senate and House of Representatives of the United States.

On motion of Dr. BOWDITCH, it was

Resolved, That the Committee on Medical Education be requested to report, at the next annual meeting of this Association, whether in their opinion any plan can be devised whereby medical students may receive a more thorough education in practical chemistry, than they receive at present at any of the medical colleges in the Union.

The Secretary presented the report of the Committee on Indigenous Medical Botany; a report on the vital statistics of New Orleans, by Dr. Symonds; Biographical notices of deceased physicians, by Dr. Williams, all of which were referred to the Committee on Publication; and a catalogue of Indigenous Medical Botany which was referred to the Committee on Botany. Dr. FLINT, of N. Y., submitted the following resolution which was adopted.

Resolved, That the manuscript works of the late lamented Dr. FERRY be referred to the Committee on Publication, to be published in connection with the Transactions of the Association, provided it be deemed advisable by the committee, and consistent with the pecuniary resources of the Association.

Dr. W. L. SUTTON, of Ky., nominated by Dr. DRAKE a permanent member, was unanimously received.

On motion of Dr. GROSS, of Ky., it was

Resolved, That a committee be appointed to report, at the next annual meeting of this Association, on the propriety of recommending to the American people the importance of establishing Schools of *Veterinary Medicine and Surgery*, in which the diseases of the horse, ox, dog, and other domestic animals, may be investigated, and thorough and sufficient courses of instruction delivered to such young men as may wish to qualify themselves for the practice of the Veterinary Profession.

Dr. M. L. KREIDER, of Ohio, presented a protest and resolution against the vending of spurious and adulterated drugs, from the *Fairfield County Medical Institute*, which was read by the Secretary, and referred to the Special Committee of which Dr. EDWARDS is Chairman.

The following resolution, submitted by Dr. MEAD, of Illinois, was referred to the Committee on Medical Education:

Resolved, That the Committee on Medical Education be instructed to inquire into the expediency of recommending to the Colleges to abolish the rule which allows four years' practice to be received as an equivalent for an attendance on one course of lectures, and to require all candidates for graduation to attend two full courses; also, the expediency of adopting a uniform rate of lecture fees, varying in amount only between the Colleges of the North and those of the South.

On motion of Dr. STILLÉ, the President was requested to appoint the several committees called for by the resolutions adopted during the session, and not otherwise provided for.

Committee on Pharmacy and Adulteration of Drugs under Dr. BLATCHFORD'S Resolution.

Dr. T. O. EDWARDS, Cincinnati, Chairman.

Dr. T. W. Blatchford, Troy, N. Y.	Dr. E. W. Theobald, Baltimore, Md.
" R. M. Huston, Philadelphia,	" H. Frost, Charleston, S. C.
" H. J. Bowditch, Boston, Mass.	" J. B. Johnson, St. Louis.

Committee on Prize Essays, under Dr. STILLÉ'S Resolution.

Dr. F. G. SMITH, Philadelphia, Chairman.

Dr. A. Stillé, Philada.	Dr. F. Bache, Philada.
" R. Bridges, "	" L. P. Yandell, Louisville,
" W. L. Atlee, "	" Jas. Moultrie, S. C.

Dr. JENNINGS, of Mass., offered the following resolution, which was adopted:

Resolved, That the thanks of this Association be tendered to the Messrs. Tilden, of New-Lebanon, N. Y., for samples of their medicinal extracts, which they have presented to this Association.

Dr. MORRIS, of Pa., presented the following resolutions, which were seconded by Dr. YANDELL, of Ky., and unanimously adopted:

Resolved, That the thanks of this Association be tendered to the Committee of Arrangements, for the careful and judicious manner in which they have provided for its accommodations, and their constant, assiduous attention to promote the convenience of its members.

Resolved, That we appreciate highly the hospitality and courtesy with which we have been received by the Medical Profession of Cincinnati, and assure them of the heartfelt gratitude with which we shall reflect upon the kindness they have manifested in our reception and entertainment.

Resolved, That the thanks of this Association be presented to the Board of Trustees of the Cincinnati Medical College, for the kindness with which they have placed their Hall at the service of this body.

On motion, the Association adjourned, *sine die*.

Report of the Proceedings of the National Medical Convention for revising the Pharmacopœia of the United States.—The fourth decennial convention for revising the Pharmacopœia of the United States met at Washington on Monday, the 6th instant. The following delegates were present in the convention.

From the Rhode Island Medical Society, Dr. Joseph Mauran.

From the Geneva Medical College, Dr. James Bryan.

From the College of Pharmacy of the city of New-York, Messrs. John Milhau and George D. Coggeshall.

From the Medical Society of New Jersey, Drs. Lewis Condict and Wm. A. Newell.

From the College of Physicians of Philadelphia, Drs. Joseph Carson, Henry Bond, and Francis West.

From the University of Pennsylvania, Drs. George B. Wood and James B. Rogers.

From the Jefferson Medical College of Philadelphia, Dr. Franklin Bache.

From the Medical Faculty of the Pennsylvania College, Dr. H. S. Patterson.

From the Medico-Chirurgical College of Philadelphia, Dr. Clinton G. Stees.

From the Philadelphia College of Pharmacy, Messrs. D. B. Smith, Charles Elles, and Wm. Proctor, Jr.

From the Medical Society of Delaware, Drs. Isaac Jump and J. W. Thomson.

From the Medical and Chirurgical Faculty of Maryland, Drs. David Stewart and Joshua I. Cohen.

From the Medical Society of the District of Columbia, Drs. J. C. Hall and Harvey Lindsly.

From the National Medical College of the District of Columbia, Drs. Joshua Riley, Thomas Miller, and Edward Foreman.

From the Medical Department of the National Institute, D. C., Drs. James Wynne and S. D. Gale.

From the Georgetown Medical College, Dr. F. Howard,

And from the Rush Medical College, Illinois, Dr. G. N. Fitch.

The credentials of delegates from the New Hampshire Medical Institution, the University of Buffalo, the Medical Department of Hampden Sidney College, the Medical Society of South Carolina, the Medical College of Ohio, the Cincinnati College of Pharmacy, the Missouri Medical Society, and the Medical Faculty of the University of Iowa, were presented by the Vice President of the Convention of 1840; but these delegates did not make their appearance during the session of the convention.

A temporary organization was effected by calling Dr. LEWIS CONDUCT, President of the convention of 1840, to the chair, and appointing Dr. HARVEY LINDSLY, Secretary. A committee of five was then appointed, consisting of Dr. Bache, Dr. Mauran, Dr. Thomson, Dr. Miller, and Mr. Coggeshall, to nominate the permanent officers

of the convention, with instructions to name two Vice Presidents, instead of one, as had been the custom on former occasions. This committee retired, and, after a short consultation, reported the names of the following delegates, viz :

For President, Dr. GEORGE B. WOOD, of Pennsylvania.

For Vice Presidents, Dr. JOSEPH MAURAN, of Rhode Island, and Dr. D. Y. SIMONS, of South Carolina.

For Secretary, Dr. HARVEY LINDSLY, of the District of Columbia ; and for Assistant Secretary, Dr. EDWARD FOREMAN, of the same place.

The nominations were confirmed by the convention, and the President took the chair.

On motion, it was

Resolved, That the Surgeon-General of the Army, the Chief of the Naval Bureau of Medicine and Surgery, and such of the members of the two Houses of Congress as might be medical graduates, should be invited to take seats in the convention, and participate in its proceedings.

In conformity with the direction of the preceding convention, the committee of revision and publication, appointed by that body, presented a report of their proceedings, which was accepted.

The delegates of the several medical bodies represented in the convention were then called on for contributions towards the revision of the Pharmacopœia ; when reports were handed in from the delegates of the Rhode Island Medical Society, from the College of Pharmacy of the city of New York, from the Colleges of Physicians of Philadelphia, from the Philadelphia College of Pharmacy, and from the Medical and Chirurgical Faculty of Maryland. These reports were referred to a committee, consisting of Dr. Bond, Dr. Mauran, Dr. Cohen, Dr. Miller, and Mr. Milhau, with directions to report a plan for the revision and publication of the Pharmacopœia ; after which the convention adjourned to the following day.

At the next meeting, on Tuesday morning, a committee was appointed to examine the accounts and vouchers presented by the committee of revision and publication of the preceding convention, and reported that they had found them correct.

Dr. Bond, from the committee to which had been referred the reports from various medical bodies represented in the convention, reported the following resolutions :

1. That a committee of revision and publication, consisting of nine members, be appointed, to which shall be referred all communications offered to the convention in relation to the revision of the Pharmacopœia, and that three of this committee shall form a quorum.

2. That the committee shall meet in the city of Philadelphia, and be convened as soon as practicable by the chairman.

3. That said committee shall be authorized to publish the work after its revision, and to take all other measures which may be necessary to carry out the views and intentions of the convention.

4. That the committee shall have power to fill its own vacancies.

5. That, after the completion of its labors, the committee shall submit a report of its proceedings to the Secretary of this convention, to be laid before the next convention.

These resolutions were adopted, and the following delegates appointed on the committee, viz: Dr. Franklin Bache, Dr. Joseph Carson, and Mr. William Proctor, Jr., of Philadelphia; Dr. Joseph Mauran, of Providence, Rhode Island; Mr. John Milhau, of the city of New York; Dr. J. W. Thomson, of Wilmington, Delaware; Dr. David Stewart, of Baltimore; Dr. Joshua Riley, of the District of Columbia; and Dr. G. N. Fitch, of Logansport, Indiana.

It was resolved that the President of the convention be added to the above committee, and serve as its chairman.

In reference to the manner of calling and the mode of constituting the next decennial convention, to meet in the year 1860, it was

Resolved, That the regulations in reference to the present convention, adopted by that of the year 1840, and published in the last edition of the Pharmacopœia, should be adopted, with the necessary modifications in relation to the dates; the day of meeting being changed from the first Monday to the first Wednesday in May.

A letter was read inviting the members of the convention to a dinner, to be given at the National Hotel, by the medical gentlemen of Washington and Georgetown. The invitation was accepted, and the thanks of the convention voted to the gentlemen referred to for their hospitality.

The thanks of the convention were also unanimously voted to Dr. Lewis Condict, President of the last convention, for valuable services; and to the Board of Aldermen, of the city of Washington, for their courtesy in offering their halls for the sittings of the convention.

The convention then adjourned.

After its adjournment, Dr. William B. Chapman, one of the delegates from the Cincinnati College of Pharmacy, arriving in Washington, stated to the Secretary his concurrence in the proceedings of the convention.

HARVEY LINDSLY, M. D.,
Secretary of the Convention.

WASHINGTON, May 9th, 1850.

PRACTICAL MEDICINE.

OVARIOTOMY—*Large Adominal Section for the Removal of an Ovarian Tumor.* By Prof. A. MARCH.—The patient, a Mrs. P., aged 49 years, the mother of five children. The tumor was of three years' growth. It had increased rapidly within the last three or four months previous to removal. The incision was commenced about four inches above the umbilicus and carried in the line of the linea alba to near the pubis. The abdominal wall at the upper part was extremely thin, and by two or three strokes of the knife the tumor was readily brought into view. The wound was so extensive, being about 12 inches, and the tumor so much exposed, that it was readily discovered by the eye and hands to lie almost loose in the abdomen. To facilitate its extraction, a puncture was made in the front and lower part of it, by which nearly, or all of the water from the cyst was evacuated. The collapsed sac was followed down to its attach-

ment to the right angle of the uterus, by which it was discovered that the ovarium had been dilated into a *monolocular*, or single sac, attached to the uterus only by the broad ligament and Fallopian tube. The patient lost nearly a pint of arterial blood, most of which fell into the cavity of the abdomen, and after having been properly removed, the wound in the abdominal wall was closed by eight interrupted sutures, and the ligatures brought out at the lower part of the wound. The dressings used were the same as those usually resorted to in such an operation. In the after management, Dr. M. constantly and regularly used morphine for some ten or twelve days. No physic was given for eight or nine days. On the 34th day after the operation, the patient had so far recovered her health as to be able to perform a journey of over one hundred miles. In remarking on the operation, &c., Prof. March says: A monolocular hydatid, or fluid tumor, is regarded as the most favorable for removal. There should be no adhesions between the cyst and the wall of the abdomen, omentum, or intestines. The foot stock or pedicle of the tumor should be small. I should prefer not to have the patient tapped at all, except as an exploring operation just as extirpation was about to take place. I would recommend to the surgeon to place his finger beneath the broad ligament or pedicle of the tumor, and divide with the knife upon it such part as would include the bloodvessels, and as they bleed secure them by a small ligature. After these are properly secured, I would then divide the fallopian tube and the remainder of the folds of the peritoneum, which make up the broad ligament, as far from the angle of the uterus as practicable, and instead of fetching the ligatures out through the abdominal wall, I would suggest to have them threaded into a long *sail-maker's needle*, and conveyed by the aid of one finger in the vagina, carried high up, either in front or back of the uterus; and with the fingers of the other hand dipping down in the brim and cavity of the pelvis, through the pelvic partition transfixing it into the vagina, and out at the os externum.

By this procedure a less direct communication would be left with the peritoneal cavity; and if any serum or blood should remain in the lower part of the peritoneal cavity, it would in the course of a few days readily find an exit by the side of the ligatures, "*per vaginam*." In my case I do not think there was the least peritoneal inflammation, except that which was caused by and situated immediately around the ligatures, where they had their exit from the abdominal wall. Why I would apply the ligature to the insulated bloodvessels, and as far as possible from the uterus, would be to avoid irritation and inflammation of that organ, and the fold of the peritoneal membrane, which forms the broad ligament. By this means the fallopian tube need not be in the least irritated by coming in contact with a foreign substance.—*Trans. of N. Y. State Med. Soc.*

Analysis of the Byron Acid Spring, near Batavia, with a short account of its remedial properties.—Analysis by Dr. GEORGE HAND

SMITH, Chemist and Physician, of Rochester, N. Y., late assistant in the State Laboratory at Albany.

Represented in parts out of 100.000, viz. :

Free sulphuric acid, - - - - -	59.397
Proto-sulphate of iron and alumina, - - - - -	32.022
Sulphate of magnesia, - - - - -	13.515
Sulphate of lime, - - - - -	12.928
Silica, - - - - -	13.025
Organic matter, - - - - -	4.585
From one quart of water, grains, - - - - -	135.472

PROPERTIES.

The remedial powers possessed by these waters are highly tonic, refrigerant, and astringent; forming a natural combination of great power, and extending through a large class of diseases; more particularly those of the digestive organs, combined with weakness and debility; also, including those of a urinary and cutaneous character. Great relief has been obtained in the following diseases, viz.: chronic diarrhœa, chronic dyspepsia, chronic dysentery, chronic diuresis, chronic cystitis, diabetes, purpura, night sweats, hectic fever, painter's colic, ulcerated sore throat, salivation, gleet, piles, leucorrhœa, scrofula, salt-rheum, nettle-rash, erysipelas, itch, water-brash, acidity of the stomach, nervous or sick head-ache, impurities of the blood, &c. Dose for an adult, from a half to a wine-glass full, reduced twice or thrice its amount with pure water, three times a day, according to the condition and strength of the stomach. For children, a proportionate quantity, according to the age. For eruptions of the skin, the water should be reduced in like manner, before applying it.—*Trans. of N. Y. State Med. Soc.*

Poisoning by Corrosive Sublimate. By B. W. McCREADY, M. D.—The patient was a young woman who swallowed about 3 oz. of a solution of corrosive sublimate of the strength of one dram of the salt to the pint of alcohol, and had consequently taken about 22 grs. The patient lived nine days. The case, according to Dr. McC., is worthy of note for the following reasons:

1st. The general symptoms bore no relation to the amount of local disease. After the first few hours, the pulse was moderately full and not above ninety, and the temperature not unusual. This might be connected with the state of the blood after the occurrence of the suppression of urine, but it was present previous to the coming on of the suppression.

2d. The amount of inflammation and ulceration of the large intestines was such as occurs commonly with severe dysentery, and yet the dysenteric symptoms were slight, much slighter, indeed, than commonly occur in cases of poisoning by corrosive sublimate.

3d. Suppression of urine continued from Monday until Saturday, the day of her death, and yet the patient retained her senses and was easily roused, exhibiting no signs of cerebral disturbance except

slight drowsiness and some tendency to wandering.—*Trans. of N. Y. State Med. Soc.*

Hypertrophy of the Heart.—At the last annual meeting of the N. Y. State Medical Society, Prof. A. CLARKE exhibited an enlarged heart, weighing at the time of its removal 57 oz., avoirdupois. It was taken from a young man of 28 years of age, who had been troubled with violent palpitation, &c., caused by inflammation of the pericardium, and consequent attachment to the heart. There is but one heart of which we have any account on record, of greater weight.

MISCELLANEA.

Medical Department of the University of the City of New-York.—Since the issue of our last number, it has been announced that the vacant Chair of the Theory and Practice of Medicine in this Institution, has been filled by the appointment of Dr. WILLIAM DETMOLD, of this city. The wide-spread reputation of Dr. Detmold as an Orthopedic Surgeon, his rare talents and learning, having all the finish of a German scholar, have conspired to secure this desirable appointment. With the return of Professor Mott from Europe, and the chair of Theory and Practice thus ably filled, the profession may look for the increasing usefulness and prosperity of the School.

British American Medical and Physical Journal.—The May number of this ably conducted and valuable Journal, edited by Dr. A. HALL, has come to us in a new and much improved dress, and as the first number of a new series. We congratulate the friends of this Journal on the assurances which it presents of its increasing prosperity. A Journal so ably and honorably conducted deserves the unreserved approbation and support of the profession. We have always recognized it as one of our favorite exchanges.

Prize Essay on Nostrums.—The committee of the N. Y. State Medical Society, on prize dissertations, reported at its last session the reception of one essay on the subject for which the prize was offered last year. This being not in accordance with the spirit and requirements of the resolution under which it was offered, they recommended the passage of the following resolution, which was adopted:—

Resolved, That a prize of \$20 be offered for the best essay “on the pernicious influences of nostrums and secret remedies on the health and morals of the community.” Said essay to consist of not less than 16 pages, or more than 20 of the Transactions, to be adapted for popular, rather than professional instruction. The essays to be transmitted to the secretary of the society, before the 1st of January, 1851.

JAMES McNAUGHTON, *Chairman.*

Elements of Medical Jurisprudence. By T. ROMAYN BECK, M. D., and JOHN B. BECK, M. D.

We are happy to have it in our power to announce that a new and revised edition of this valuable work is in the press of *W. C. Little*, of Albany, and will be published in a few weeks. This work has, for some time, been out of the market, and the call for a new edition has been urgent.

New Medical Journals. We have lying on our table the Prospect of a weekly medical newspaper to be published in this city, under the title of "The New-York Medical Gazette and Journal of Health," and edited by D. MEREDITH REESE, M. D., L. L. D. The first or specimen number is announced for the month of June—the first regular weekly issue for the first Saturday in the month of July. The abundance of material which this city might furnish for the pages of such a Journal, and the acknowledged ability of the editor, will, we hesitate not to say, cause for it a wide and extended circulation.

We learn from the American Journal and Library of Dental Science, that a new Journal, to be entitled "The Baltimore Medical and Surgical Journal," the first number of which is to appear in the early part of the fall, is announced in that city. It is to be edited by Dr. HULL, and published monthly.

Lectures on Diseases of the Skin.—We are gratified to learn that the course of private lectures now being delivered by Dr. H. D. BULKLEY meets with so much deserving approbation. The course, we understand, is to consist of twenty or more lectures, which are delivered at 5 o'clock P. M. Monday, Wednesday, and Friday, of each week, at the College of Physicians and Surgeons. On Monday cases are introduced, and a clinical lecture upon the same is given.

THE NEW-YORK JOURNAL OF MEDICINE.

FOR SEPTEMBER, 1850.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I. *Contributions to Clinical Medicine: Extensive Encephaloid Disease of the left lung, attended by unusual symptoms; with Observations.* By ROBT. L. MAC DONNELL, M. D., Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Lecturer on Clinical Medicine, University of M'Gill College; Physician to the Montreal General Hospital, etc.

March 2nd, 1850.—I was called to attend Miss ———, aged 17, daughter of Captain ———, the history of whose illness has been furnished to me at great length by her father, from whose notes I have condensed the following account. Two years before, she caught cold, having sat in damp clothes for a whole day; the catamenial discharge, which had been just established, was suddenly arrested, and did not appear for five months; she was attacked with pain in her left side, back, and top of the left shoulder. These pains continued, and were followed by difficulty of breathing, and inability to lie upon the right side, but *without cough or expectoration*. After some months a small tumor appeared above the left clavicle, somewhat painful to the touch, and to which, tincture of iodine was applied by her medical attendant. In the month of July

she was sent to Upper Canada for change of air, but derived no benefit from it, and returned to Montreal in September, much worse. The tumor noticed in the neck had become enlarged, although not yet conspicuous; but it was painful, and this sensation extended up along the side of the neck. At this period her father noticed *slight ptosis of the left eyelid, and contraction of the pupil of that eye*, "and the iris did not expand and contract equal to the other, in the transition from light to shade." "During the winter of 1848-49, she complained much of pains in her arm and shoulder, particularly at night, and often groaned in her sleep; yet she went out, and her appearance, occupations, and amusements were as usual." "In the spring of last year," continues her father, "I first observed the left arm to have shrunk or withered conspicuously, yet the tumor in the neck had not much increased in size." The following summer was spent in Upper Canada, during the most part of which, she suffered greatly from pains in the left side of the chest, in the back and shoulder, and from debility and dyspnœa. She returned to Montreal last September, so altered in appearance that her father hardly recognized her; she staggered into the hall, "a poor emaciated creature, with a ghastly countenance of a blueish green color." *She had upon her a constant hacking cough*, great shortness of breath, had lost all appetite, was reduced to a skeleton, and so weak, that she sank upon the bed, whence she did not rise for three weeks."

She was now seen by a physician of this city, who prescribed cod liver oil, and the local application of iodine to the tumor. "From this time her health fluctuated a good deal, and," adds her father, "*Jan. 9.* Favorable symptoms of change in my daughter's health; was enabled to use her left arm, of which she had lost the use for two months." *Jan. 10.* A violent fit of dyspnœa set in, accompanied by hysteria and delirium. The journal from which the above quotations have been taken, goes on to say, that up to March 20th many serious attacks of spasm have been staved off by your prescriptions, and all have ultimately yielded to them; but, with her increasing weakness, the spasms are more frequent, and apparently more dangerous.

Present State.—The attention is immediately attracted by

a large tumor on the left side of the neck, which protrudes upwards from the thorax, through the space bounded by the clavicle in front, and the spine towards the middle. This tumor is of an irregular shape, somewhat globular, uneven on its surface, every where resisting, with the integument tense, shining, and œdematous. It is quite dull on percussion, and no pulsation, bruit, or thrill are perceptible. It is not painful to the touch, nor is it the seat of any *constant* pain, though *shooting* pains occasionally proceed from it downwards to the fingers. The surface of the tumor is traversed by large tortuous veins, which anastomose freely with similar veins on the left side of the thorax, the left arm, left side of the neck, cheek, and left side of the forehead. The tumor has by its pressure, produced paralysis of motion and sensation of the left arm, and the pulsation of the ulnar, radial, and brachial arteries, is completely obliterated. The whole of this arm and corresponding part of the chest are extremely œdematous.

Physical Signs.—The anterior portion of the left side of the chest is full and prominent, and is continuous with the tumor, there being no depression to mark the supra and infra-clavicular spaces; the clavicle is dislocated forwards, its sternal end projects nearly an inch in front of the sternum. The left side of the chest does not move in inspiration; its intercostal spaces are obliterated, and an extremely dull sound with resistance is elicited by percussion from the clavicle to its lowest part, and the same dulness extends all over the side behind and laterally. The respiration is *bronchial before and behind, and there is also bronchophony*, but not the least rôle of any kind. The upper portion of the right lung in front is clear upon percussion, but from the mammary region downwards it is quite dull. Behind, the respiration is loud and puerile, and without rôle. All over the right mammary region the impulse of the heart can be seen and felt; its impulse is extremely abrupt and violent, and both sounds are accompanied by a *loud, sharp, ringing soufflet* of a peculiarly musical and metallic character, quite unlike any thing I have ever heard. The apex of the heart strikes towards the right axilla. The right hypochondrium yields the usual dulness. *There was no increase of hepatic dulness below the ribs.* The left side of the chest appears

to be increased in size, but I have not yet had an opportunity of determining this point. The respiration is short, about 40. The inspiration is accompanied by great action of the intercostals of the right side, the expiration is accompanied by a *short stridulous grunting noise*. During the performance of inspiration the larynx (which is pushed towards the right side) is drawn across the mesial line to the left side. The voice has never been affected, and except during the severe attacks of dyspnœa, there is no stridor. The voice is naturally ægophonic. *She has no cough, nor does she expectorate any thing. She has never had hæmoptysis, nor has she at any time had red currant jelly-like expectoration; but she is subject to frequent attacks of epistaxis, which invariably proceed from the left nostril.* At times this is rather profuse; at other times it is only sufficient to cause a blocking up of the nostril. The beating of the heart is frequently very troublesome; the pulse is small, about 120, sometimes more frequent, and sometimes less so; it is not intermitting nor irregular. There is *partial ptosis* of the left eyelid, which sometimes proceeds so far as almost to conceal the eyeball, and there is also *contraction* of this pupil, though this eye is quite as sensible to light as the other, and she can read with it quite as well. No matter to what amount of light this eye be exposed, the pupil is never dilated to more than one half the extent of the other. She never suffers from headaches, flashes of light before her eyes, noise in the ears, or frightful dreams. Occasionally her symptoms assume a hysterical character. Her tongue is clean, appetite pretty good, no dysphagia, stomach seldom sick, bowels regular, urine secreted in natural quantity, skin moist, body greatly emaciated. *No pains in the chest.* Catamenia absent. During the prevalence of easterly winds, and before a fall of snow, her friends remark, that her countenance brightens up, she appears quite healthy, and her spirits improve; these are but the precursors of an extremely severe attack of dyspnœa, which is sometimes, however, warded off by the administration of an anti-spasmodic.

April 24th. Since the last account the tumor has been gradually extending across the neck; it has pushed the larynx, trachea, and thyroid gland completely over to the right side,

and now occupies the median line, and extends beyond it. *The right arm is now partially paralyzed, and the pulse at the wrist is perceptibly smaller than it used to be; œdema and varicose veins occupy the right side of the chest, and the right arm is also becoming œdematous.* Since the last report, several severe attacks of dyspnœa and palpitations have occurred—sometimes almost threatening to terminate her existence. It is noticed, that these attacks are invariably preceded by a temporary amendment—her spirits become cheerful, her strength increases, and the countenance becomes animated; the color of the face, which is usually sallow and livid, changes to a bright rosy hue; but at the same time, it is quite apparent, that the tumor undergoes marked augmentation, and that the tortuous and varicose veins become more enlarged and turgid. Her father is positive that he has noticed a connection between these phenomena and the state of the atmosphere, and that they occur invariably in thick, damp weather, or previous to a snow storm. On two or three occasion, she became delirious, and her stools and urine were voided unconsciously. The appetite remained pretty good, and the bowels were generally regular. She slept well, when free from spasm, and had latterly suffered but little from the pains in the chest and shoulder. During the whole period of my attendance, I never heard her cough, nor had she ever any expectoration; she always lay upon her back. The degree of ptosis varied, but no change occurred in the state of the pupil. The bleeding from the nose occurred almost daily. Enlargement of the liver was noticed towards the close of the disease, and though the left side of the chest had become enlarged, and the intercostal spaces were raised even above the level of the ribs, yet her extreme debility and the increase of her sufferings induced by a change of position, prevented my measuring the chest accurately.

After a succession of severe attacks of dyspnœa, she expired.

The treatment consisted of generous, bland diet, a moderate quantity of wine, and the use of camphor, æther, opium, lobelia, etc., sometimes given conjointly, at other times separately, according to the judgment of her father, a gentleman of great sagacity, who from close and unremitting attention to all the

phases and variations in her case, acquired a rare tact in the employment of these drugs. The neuralgic pains which attacked the chest, shoulder, and sometimes extended down the arm, were always relieved by a warm lotion containing tincture of aconite, in the proportion of one ounce of the common tincture to seven of water. Folds of lint saturated with the lotion were laid over the painful parts, and evaporation prevented by surrounding the lint by a piece of oiled silk. This application used to give great relief.

Post Mortem Examination.—Before opening the body, a careful examination was made by inspection, percussion, and measurement, when the following circumstances were noted: The whole of the front part of the chest was œdematous, and traversed by large tortuous veins which anastomosed freely with the superficial epigastric veins. The greater number of these vessels were noticed upon the left side. The left arm, from the shoulder down to the hand, was much swollen from œdema, and at its upper part were numerous veins inosculating with those of the neck, chest, and axilla. The right infra-clavicular space was depressed, the left was full and prominent, and constituted part of the tumor already spoken of. The right shoulder was elevated, and the clavicle was separated to about the distance of an inch at its attachment to the sternum. Percussion yielded the same results as were noticed during life, with this exception, that there was complete dulness extending from the normal hepatic region, downwards for the extent of two inches below the margin of the ribs. The circumference of the neck and tumor measured above the clavicle, was $16\frac{1}{4}$ inches; the distance from the nipple to the sternal end of the clavicle 6 inches on both sides. The circumference of the chest upon a line with the nipples was 27 inches: it being on the right side $12\frac{1}{2}$, and upon the left $14\frac{1}{2}$ inches; distance from the right nipple to umbilicus $9\frac{1}{2}$ inches, from the left $10\frac{1}{4}$. Nothing remarkable was observed on any other part of the body, except extreme emaciation. On opening the thorax, the heart and pericardium were observed lying to the right of the sternum, and distant about three inches from the mesial line. The pericardium was quite healthy and contained no fluid, nor was it adherent in any situation. The heart was

of natural size, and free from any disease whatever, either of its walls or valves. The left side of the chest was occupied by an enormous mass of encephaloid cancer, which adhered firmly to the ribs, and was continuous with the tumor noticed in the neck. It was contained within well-marked cysts, which enveloped it in the same manner as the arachnoid surrounds the brain, and which when slit open, allowed the cerebriiform masses to be seen, presenting well-marked convolutions and sulci exactly resembling those of the brain. In a few situations, hæmorrhagic clots intervened between the investing capsule and the surface of the mass. There was no adhesion to the front part of the ribs or to the sternum, diaphragm, or pericardium. No trace of pulmonary structure could be seen, except at the diaphragmatic portion of the tumor, where a thin layer of condensed lung was spread over it for a small space, and peeled off it, as if merely coherent from apposition—no bronchial tubes extended from this portion of lung to the cancerous mass, nor could any be traced in the latter—the left bronchus entered its upper part, but no traces of its ramifications could be discovered. Such were the characters of that portion of the mass within the chest, but as it was emerging from the latter situation, it had dislocated the clavicle and was indented by the latter bone. At this point the tumor pressed upon and stretched out the left subclavian artery and vein; the left carotid, though not so much interfered with, was pushed a little towards the mesial line. This artery, as well as the pneumogastric and sympathetic nerves, were pushed backwards by a process of the growth which proceeded towards the lateral processes of the cervical vertebræ, to which it took a strong attachment. On the anterior part of the tumor, the sterno-cleido mastoid, and the sterno-hyoid muscles were spread out in ribbon shape, and their fibres were separated from one another. The brachial plexus passed through the middle of the growth, and could not be completely separated from it, even by the scalpel. The third stage of the subclavian artery was obliterated by a coagulum, and was not much larger than the radial. The phrenic nerve passed over the most prominent part of the tumor. The œsophagus was pushed towards the middle, and as noticed during life, the

larynx trachea and thyroid gland were shoved over into close contact with the right brachial plexus. The mass adhered firmly to the clavicle near the shoulder joint, and also took an attachment to the acromion, and a portion of it passed under the trapezius muscle. When removed from the body, the mass was weighed, and found to amount *to six pounds and a half*. The right lung was quite sound, except at its inferior part, where we found three small encephaloid tumors, of the size of large currants, growing from the surface of the lung and covered by the pleura. The liver was much enlarged from congestion, and when cut into, blood escaped in large quantity.

The other abdominal organs were all healthy. The brain was carefully examined. Some slight vascularity was noticed upon the pia mater, but there was no effusion either beneath the arachnoid nor in the cavity of the ventricles. The origin and course of the third nerve were accurately examined, but nothing abnormal could be detected, and the same remark applies to all the cerebral nerves and to the structure of the brain itself.

It is only within the last few years that the diagnosis of cancer of the lung has been established on a tolerably certain basis; yet cases are occurring almost daily, which prove that many points connected with the disease remain to be worked out yet, by the diligent in this field of observation. It is to be regretted, that the nature of some of those cases was not even suspected during life, that others were under the observation of practitioners imperfectly acquainted with the existing state of knowledge upon this and other thoracic diseases, whilst a third class of cases has been carefully observed during life, but no post-mortem examination having been performed, we are unable to connect their signs and symptoms with anatomical lesions observed after death. It is, therefore, the duty of every one to add to the scanty list of accurately noted cases, any that may occur in his practice.

At the time the case of transposition of the Viscera was noticed at the Hospital (the details of which I reported in the April number of the *British American Journal*), some of my pupils mentioned to me, that a young lady was then under the

care of a physician of this city, in whom the heart was observed to pulsate on the right side, and they inquired if it were not highly probable that it was also an instance of congenital transposition. I replied that I considered it much more probable that the patient labored under chronic pleurisy of the left side, with displacement of the heart to the right. In a few days the case came under my own care, and I had no hesitation, at once, in declaring it to be an example of cancer of the lung, and for the following reasons, to all of which I drew the attention of my clinical class when lecturing upon this affection:—

1st. In nearly all the best observed instances of *primary* cancer of the lung, the disease has been ushered in by symptoms of pleurisy, and in many of them those symptoms have existed throughout; in some cases undergoing abatement, as the cancer advanced; in others, disappearing, or remaining stationary. To the former class, belongs the case under consideration, those by Graves,* Heyfelder,† Hughes,‡ Syms,§ and Stokes;|| and I doubt not, that if the early history of some other published cases had been inquired into, that the disease would have been found to have commenced with an inflammatory attack of the lung, or its investing membrane—at least, this has been the result of my experience of the disease, and in the above case, no exception was formed.

2. The only diseases producing enlargement of the side, absolute dulness, and firm resistance on percussion, absence of *vesicular* respiratory murmur, protrusion of the intercostal spaces, and detrusion of the heart, are, extensive empyema, and cancer of the lung or mediastinum. In the foregoing particulars, these diseases resemble one another; but, I have only once noticed enlargement and tortuosity of the veins of the chest in empyema, and in only one case have I noticed a *bruit* in a heart dislocated from pleuritic effusion, and though I have observed tumors forming on the exterior of the chest

* Dublin Journal of Medical Sciences.

† Heyfelder, Archives Generales.

‡ Guy's Hospital Reports.

§ Medico-chirurgical Transactions, vol. xviii.

|| Dublin Journal of Medical Sciences, vol. xxi.

in empyema, yet such tumors were always soft, fluctuating, and devoid of pain. Œdema of the side has been often noticed in acute pleurisy, less frequently in chronic, but in no instance of either form of the disease, have I observed it accompanied by *permanent* œdema of the corresponding arm; and empyema, so extensive, as to have produced such a great change in the size of the chest, and, in the relation of organs, might have enabled peripheric fluctuation to have been detected.

3. The want of pulsation, bruit, thrill, dysphagia, of laryngeal cough, together with the extent of dulness, etc., were opposed to the idea of the disease being aneurismal, although the paralyzed condition of the left arm, and loss of pulse at the wrist and bend of the elbow are not uncommonly observed in thoracic aneurism springing from the arch or some of its branches; and the same cause might produce a varicose condition of the veins of the thorax and arm,—a point to which my friend, Professor Walshe, of London, has directed attention.

4. With the idea of extensive deposition of tubercles in the lung, and tubercular disease of the cervical glands, pathology and clinical observation are both opposed, for I do not believe that tubercular disease of the lung ever produces enlargement of the affected side of the chest, or of any portion of it;* and in no case, no matter how extensive the deposit,

* I am well aware, that on the authority of a verbal statement of Dr. Chambers, of London, that some writers—amongst others, Professor Walshe—have alluded to an elevation or bulging forward of the infra-clavicular region, as a sign of incipient phthisis; but as I have anxiously looked for this sign for several years, without in one single case observing it, I can only account for the discrepancy, by supposing, that in Dr. Chambers' cases, both sides were affected, and the atrophy being better marked on the side, where the least physical traces of incipient phthisis were observed, the opposite infra-clavicular region presented an appearance of *comparative* fulness or bulging, well calculated to deceive; for I have not unfrequently remarked [and had recently an opportunity of pointing out to my class at the Hospital] the fact, that in incipient phthisis, we may have marked atrophy of the infra and supra-clavicular spaces of one side, with comparative dulness and feebleness of respiratory murmur, whilst on the opposite, there may be no atrophy, scarcely any dulness, with a harsh respiration, gradually becoming accompanied by a "crumpling sound," dry crackling, and then (as in the case just alluded to) sibilant and muco-crepitating râles,—yet the condition of the opposite lung may remain as when first examined. It is only in this way, that I can account for the striking anomaly said to have been observed by Dr. Chambers.

have we complete dulness and total loss of respiratory vesicular murmur—and in extensive tubercular deposit, softening, and consequently the signs of cavities would have taken place long before I saw the patient—nor should we find a healthy condition of the opposite lung, nor dislocation of the heart: and I need hardly add, that extensive tubercular deposition in one lung would soon have been accompanied by signs of disease in the other, by cough, hæmoptysis, hectic, etc., and that external tumors, varicose veins, œdema, and paralysis of the upper extremities, are not seen in phthisis.

5. With the idea of the disease being chronic pneumonia (even granting its frequency, as some modern writers seem disposed to believe—an opinion to which my own experience is much opposed), the facts of the case were quite incompatible.

So that we find, that with no other disease than cancer could I reconcile the history, symptoms, and physical signs of this case, and I shall now direct the reader's attention to some of its peculiarities.

Amongst the most prominent may be mentioned the absence of cough, of bronchitic râles, of stridor, of dysphagia,* of currant-jelly-like expectoration [for which, however, the daily epistaxis was a substitute], of aphonia.

The paralysis and pain of the left arm are easily accounted for, by the pressure of the tumor on the brachial plexus of nerves; and by the same pressure acting upon the subclavian artery and vein, the absence of pulsation, and the presence of œdema are explained. It is worthy of remark, that it must have been solely by mechanical pressure that the tumor produced paralysis, and not by involving the nerves in its own structure; for the larynx and thyroid gland being shoved over by it into close contact with the plexus of the right side, paralysis, to a less extent, was produced of the right arm.

* The earliest case recorded of cancer of the lung, attended by dysphagia, is that, I believe, given by Van Sweiten. He says, "for this last observation I am indebted to the learned Dr. *Anthony de Huen*, who exerts himself in the practice of physic with great applause at the Hague, and with indefatigable industry takes every occasion to inquire into the latent causes of diseases in dead bodies, and who opened this patient after his decease, before the celebrated Schwencke, professor of anatomy and surgery."

Dr. Sims and others have noticed the œdema of the arm, resembling that of phlegmasia dolens; *but the total absence of pulsation in the principal arteries,* with complete paralysis of one arm and partial paralysis of the other*, are now recorded for the first time, and though pain of the chest and through the shoulder is often mentioned, yet I know of no other instance where it extended down the whole arm. I may here observe, that pain of a *constant* nature, spoken of by Dr. Stokes as a valuable diagnostic, was not present in this case; for when once relieved by the aconite lotion, it did not often return, and even before my attendance it was not constant, nor indeed, of late, was it frequent.

Dysphagia appeared only in the last two days of her illness.

As might be expected, some cause for the *ptosis* and *contraction* of the pupil was carefully looked for in the brain and third nerve, but without success: no trace of disease could be discovered. How, then, are we to account for these symptoms? We know that ptosis is usually accompanied by a *dilated* state of the pupil, and by paralysis of the superior, internal, and inferior recti muscles, and also of the inferior oblique; but, as was stated before, there was no paralysis of any of these muscles, and the pupil, though constantly contracted, became smaller and larger, according as the intensity of the light was increased or diminished. Nor can we suppose that the superior branch of the nerve was alone affected, for we know that that portion sends no twigs to the lenticular ganglion. If we appeal to experimental physiology, we do not receive a more satisfactory solution of the *entire* question; but for *part* of it we can account. It was ascertained by Longet, that division of the pneumogastric and sympathetic nerves, in the neck of some animals, was followed by *contraction* of the pupil, whilst in others, it was followed by *dilatation*. Now, if the same cause produce effects so opposite, on such a deli-

* Dr. Walshe says, "I have recently found the radial pulse very triflingly weaker and smaller on the affected (right) than on the other side; but in this case a mediastinal tumor co-existed with the disease, affecting the root of the lung; the difference has been observed independently of the former, and is, under all circumstances, rare."—*Treatise on Cancer*, p. 352.

cate organ as the iris, it merely proves that the division of these nerves acts in disturbing the innervation of the organ, in one case producing a diminution of power of the circular, in the other, of the straight fibres of the iris; and if we admit this explanation to be correct, we can understand how, in an analogous experiment, the nervous power of the other branches of the third being diminished (for it is evidently owing to the connection of this nerve, and of the fifth, with the sympathetic, that the phenomena are produced), some of the muscles supplied by that nerve may be actually in a *slightly* paralytic condition, which may escape the observation of the patient and of his physician, unless a strong antagonizing muscle be in action, as in the case of the orbicularis palpebræ in the foregoing case, and then the diminished power of the levator palpebræ becomes at once apparent. I make use of the term *analogous experiment* advisedly; for it must be evident, that *pressure* on the pneumogastric and sympathetic nerves produced the same effect, for the time being, as division would have done; so that, in this instance, disease imitated the experiment of the physiologist, and went far to corroborate it. This view is borne out by what was frequently observed, that on those occasions when the tumor of the neck became enlarged and the venous system more congested, the ptosis was always more marked. Should the foregoing explanation not prove satisfactory to any of my readers, they are at liberty to account for the phenomena of *contracted pupil with ptosis, and without paralysis of the muscles of the eye*, the brain being healthy, upon any other hypothesis they may consider more convincing: I have offered the best that has suggested itself to me.*

To auscultators the occurrence of marked bronchial respiration, with bronchophony, heard all over the left side, whilst there were no bronchial tubes running through the cancerous mass, suggests many questions for consideration:—Where were

* The iris receives a branch from the sixth nerve in several animals, and it has been supposed that it sometimes does so in man, which would account for the fact that the pupil has *not* been affected in some cases where *all* the other muscles of the eye were paralyzed from disease of the third nerve; in the above case, the singularity consists in our having only one muscle supplied by the third nerve, and only one set of fibres of the iris in a state of semi-paralysis.

those sounds generated? how were they transmitted all over the side? if by continuity of the ribs with those of the opposite side, through the medium of the sternum, or by continuity of the ribs with the larynx and trachea, partly through their connection with the sternum and with the cervical tumor? or did the mass itself act as a conductor from the larynx and trachea to all parts to which it extended? The latter opinion I am disposed to adopt. If the ribs are supposed capable of having transmitted those sounds, then they should have also transmitted the cardiac sounds, and the vesicular murmur from the opposite side, and the sound heard all over the diseased side would have lost much of its strongly marked tubular character; and for the same reason, I cannot suppose, that the parietes acted as conductors from the trachea—seeing that they do not perform this office in other cases. There is no difficulty, however, in comprehending how a mass of encephaloid occupying the left side of the chest, and firmly pressed against the larynx, no breach of continuity occurring in its structure, and into whose substance the left bronchus entered for some distance, should convey, with great clearness, sounds generated in the larynx of an individual, in whom exaggerated respiration had become habitual and permanent.*

The peculiar bruit heard to accompany the sounds of the heart remains unexplained by any anatomical appearances discovered at the autopsy.

In conclusion, I would remark that this is the largest specimen of cancer of the lung on record. In Dr. Graves's case, the diseased mass is said to have weighed more than six pounds, but the patient was a male adult. In the above instance, the mass removed, weighed six pounds and a half—some ounces more having been left behind—and the patient was a young girl of low stature and delicate formation.

[NOTE.—The foregoing communication was intended for the last number of this Journal, but was not received in time for its original department. Since that time it has appeared

* I purposely avoided entering into any discussion on the views of Professor Skoda, of Vienna, whose skill as an auscultator I had an opportunity of witnessing, whilst following his *clinique*, as they may form the subject of another communication to this Journal.

in the British American Medical and Physical Journal. We do not think, however, that on that account it will prove any the less interesting to our readers.—ED. N. Y. JOUR. MED.]

ART. II. *Report of Cases occurring in the New York Hospital.* By FREDERICK D. LENTE, M.D., Resident Surgeon, and FRANCIS P. COLTON, M.D., Resident Physician.

DR. LENTE'S CASES.

CASE 1ST.—*Lumbricus in the Stomach, causing dyspnœa.* (Attendance of DR. HOFFMAN.) James Edwards, 15, New York, Boatman, under treatment in the colored ward for chancre and bubo, of sfrumous habit and feeble health, was attacked April 24th, 1850, with *tousillitis* of a severe character; after the lapse of a few days, this had nearly subsided under the application of leeches, tobacco poultices, &c., and the internal administration of cathartics and diaphoretics; but on the 29th, patient was attacked with paroxysms of dyspnœa, which prevented him from assuming the recumbent position in bed, and from sleeping at night: he had also great difficulty in deglutition, being only able, with some difficulty, to swallow fluids; the paroxysms would come on at intervals of half-an-hour or an hour, at which time it seemed to patient, as if something fell down into the larynx, closing it up. Examination of the throat gave no clue to the cause of the difficulty; there was no inflammation of the fauces, and very little enlargement of the tonsils; the finger, introduced into the throat, encountered the epiglottis, which was perfectly natural, as were the adjacent parts as far as could be ascertained. May 2nd. The paroxysms of dyspnœa have gradually increased in severity, notwithstanding the various remedies applied for its relief, until last evening at 8 o'clock, when they became so urgent, that scarification of the glottis was determined upon as an experiment, no signs of œdema of the glottis being detected with the finger; at this time, however, a slight œdematous condition of the right eyelids and cheek was noticed; Buck's scarificator was accordingly introduced into the larynx, and

free incisions made ; after the lapse of ten or fifteen minutes, patient expressed himself relieved, and was able to lie down. During the night, however, the paroxysms returned, and patient, in coughing, ejected a lumbricus of large size from the mouth, which was shown me by the nurse this morning.* Immediately the paroxysms ceased, and he is now comparatively comfortable. A powerful emetic had been administered the previous evening with only temporary relief. May 13th. Patient has had no return of dyspnœa. Several anthelmintic cathartics have been administered, but no more worms have been seen. Patient was subsequently discharged cured.

Remarks.—A case is related in the *Dublin Medical Journal*, vol. 15, by Dr. Bigges, in which “a portion of a lumbricus was found lying at the bifurcation of the trachea, and passing down into the right bronchus ; in the duodenum, close to the pylorus, a large lumbricus was found coiled upon itself, which, when examined, was found to have lost a portion of its length, and appeared as if it had been divided about an inch from its tail. The patient was a child, *æt.* 8 months, who had suffered for about a fortnight or three weeks from symptoms of worms, for which small doses of cowage, followed by purgatives, were directed. The child died suddenly. The portion of worm found in the trachea exactly corresponded in size with the deficiency observed in that found in the duodenum.”

The occurrence of the above case renders it possible that the lumbricus in Edwards's case may have found its way into the trachea, and thus operated by mechanically impeding respiration, or it may have remained in the stomach or œsophagus, and operated by sympathetic irritation. What effect the introduction of the knife into the larynx, could have then had in causing the dislodgement of the worm from his unnatural habitation, it is difficult to see.

A case of “Sympathetic Asthma from Lumbrici” is reported in the “*London and Edinburgh Monthly Journal* for 1842. The patient was a child two years old. “She appeared quite asthmatical, the shoulders were raised to the ears, and the act of breathing was difficult, accompanied with a loud wheezing ; she had not suffered from fits. The bowels being much confined, some aperient powders containing calomel

were ordered ; one to be taken daily. In the course of four days nine large lumbrici were ejected by the mouth, and three from the bowels. The child became lively, and quite well as soon as the worms were expelled."

CASE 2d. *Bubo perforating the abdomen. Peritonitis.*—P. E——, æt. 22, Scotland, machinist, admitted into Ward 11 of the First Surgical Division, May 30th, 1850, (attendance of Dr. A. C. Post,) with a suppurating bubo in the left groin, which is discharging an ill-conditioned pus profusely from a spontaneous opening. The bubo first appeared three weeks ago, since which time patient has been working at his laborious occupation, which requires him to sit, and in which a violent strain is brought upon the abdominal muscles ; he has had no treatment. The seat of the bubo is above Poupart's ligament, but much nearer the ant. sup. spine of the ilium than usual : in fact, the undermining of the integument extends beyond this point ; there is no undermining of integument below the opening, but the depth is greater here than at any other point, and there is a circumscribed livid discoloration of the surface, the latter being of a florid healthy color elsewhere. (This was observed subsequently.) Five months ago patient had chancre, followed by a bubo situated an inch or two below the present, where there is now the cicatrix of the opening which was made to give exit to the matter : has had no chancre since, and no purulent discharge from the urethra. Patient is a man of considerable respectability, and of tolerably steady habits ; general health fair.

Treatment.—Ordered cataplasm : low diet.

June 1st.—The discharge continues very profuse, but its character has improved ; all inflammation has subsided. Patient was accordingly brought under the influence of Sulph. Ether, and the unhealthy, undermined integument pared off with sharp scissors, so as to expose the surface of the ulcer and allow of proper dressings. Ordered application of cold water.

June 5th.—The ulcer is now discharging pus from the cut edges ; the surface looks healthy, except at the above mentioned point. Ordered to apply the Ungt. Peruv. to the sur-

face; continue the cold water to the surrounding surface. June 6th. Discharge less profuse. June 8th. Patient continued to do well until 10 o'clock last evening, when, according to the statement of the nurse (who neglected to inform me of it until the morning), he was attacked with profuse and frequent discharges from the stomach and rectum; a large mustard poultice was applied by the nurse to the epigastrium and abdomen, which afforded some relief, but the vomiting and purging still continued. At 9 o'clock A. M., found patient very much prostrated, countenance sunken and livid, skin rather cool, pulse so rapid as scarcely to admit of numbering, and very small; mind clear; *no pain or pressure* on the abdomen or epigastrium; only complains of slight pain when he is about to have a discharge from his bowels. Ordered an enema of Tr. opii, ʒij Mucil. G. A. ʒiij, and to take R̄. Cal. gr. x opii. gr. i. M. Sinapism to epigastrium ice, and Haust. Efferves internally, to quiet the irritability of the stomach. 6 o'clock, P. M. Patient has been very comfortable since morning; has neither vomited nor purged; has slept none; is now lying on his back reading a newspaper. Complains now, for the first time, of some pain on pressure over the lower part of the abdomen, in the neighborhood of the pubes: a reddish livid discoloration of either cheek is observed, pulse has scarcely improved. Will not allow the bed clothes to remain upon him; skin pleasantly warm. Ordered camphor cataplasm to abdomen. 12 o'clock, P. M. The irritability of the stomach has returned, the tenderness on pressure has also increased somewhat; pulse more feeble. Ordered, porter with lime-water, also R̄. Haust. Efferves ʒviiij; Acid Hydrocy. m. x M.; ʒss. q. 1. h. Emp. Vesic. to epigastrium, in connection with other remedies.

June 9. 7th o'clock A. M.—Patient had three passages from the bowels last night, and an enema of Tr. Opii, ʒi. was ordered. The vomiting continues unchecked. The blister has produced no vesication. Ordered a dozen leeches to the epigastrium and abdomen, to be followed by warm fomentations. The pulse is more frequent and feeble. Stimulants of various kinds, in small quantities, have been administered both by the mouth and rectum, but they are now all ejected. Can

retain nothing but ice on the stomach ; the abdominal tenderness has increased, but is still not urgent. Patient died at 7 o'clock, P. M.

Autopsy, sixteen hours after death.—An examination was only allowed of the abdomen. Before making an incision, examined the bubo with a probe, which passed into the cavity of the abdomen its whole length without difficulty. Upon laying open the latter, a quantity of serum, rendered turbid by lymph, gushed out, and the intestines throughout were seen to be glued together by recent exudation of lymph, and the vessels of the peritoneum generally injected. Upon tracing the intestine along towards the bubo, found the large bowel, just before it gives place to the sigmoid flexure, firmly glued to the internal wall of the abdomen, at a point corresponding to the situation of the bubo, by fibrinous bands, to the extent of an inch or more ; these were evidently the product of recent inflammation, but admitted of considerable traction without giving way ; the intestine was now slit open, and the ulceration found not to have communicated with it. The opening into the peritoneal cavity was found to be near the left sacro-iliac synchondrosis, close to the bifurcation of the common iliac artery, and was about one-third of an inch in diameter, being of a circular form ; pus was seen oozing from it into the peritoneal cavity. Other abdominal organs, except those mentioned, were found to be healthy,

Remarks.—This is probably the only case of perforation of the abdomen by a bubo, on record ; and this fact prevented a suspicion of the actual state of the case until after death, and also an ante-mortem examination with the probe, which would have revealed the origin of the obstinate symptoms above enumerated. An attempt was made by nature in this case, such as she often makes in similar difficulties, to avert a fatal issue by causing the opening to take place into the cavity of the large intestine instead of into that of the peritoneum ; for this purpose, the former was glued to the latter at the point where the communication should have taken place, but unfortunately, the matter took a longer course, and opened beyond the adhesion.

CASE 3d. *Poisoning by the Sulphate of Atropine.*—Daniel Homan, æt. 60, woodsawyer, was admitted into the colored ward, June 21st, 1850, (attendance of Dr. A. C. Post,) with cataract affecting both eyes. July 3d. Since admission, patient has had a saturated solution of the Extr. of Belladonna dropped into the eyes daily to dilate the pupil, in view of an operation. This not appearing to have the desired effect, a solution of *Atropine*, in half an ounce of water, acidulated with Sulphuric Acid, was ordered to be substituted. At 10 o'clock last night, the nurse, mistaking the solution for an anodyne draught, gave it to the patient, who swallowed about four-fifths of it. There was nothing in his condition during the night to attract attention; he slept tolerably well, occasionally turning in bed from side to side. At breakfast time, (6 o'clock) the nurse, upon attempting to arouse the patient, found it impossible, at the same time he noticed spasms affecting different parts of the body. Upon being called to patient at this time, I found him in a state of coma, with clonic spasms of the biceps flexor cubiti muscles, and of the muscles of the jaws; extremities cool; pulse of fair fulness and strength, 110; pupils *not unusually dilated*, but perfectly immovable. Patient had passed no water since the preceding evening; bladder not distended; abdomen swollen and tense, but not tympanitic; upon pretty firm pressure upon it, patient gave signs of suffering; upon making vigorous efforts to arouse him, he also exhibited some signs of consciousness. The spasms of the muscles above spoken of were increased by disturbing the patient; when left to himself, they came on at intervals of two or three minutes. No stertorous breathing. Prompt measures were taken to arouse the patient from his alarming condition. The power of deglutition not being entirely lost, Carb. of Ammonia and Brandy were administered in solution with water, by spoonfuls, at short intervals; swallowing appeared to give pain, manifested by grimaces and increased spasm of the facial muscles; at the same time counter irritation was applied to various parts of the body by sinapisms and Granville's lotion. The magnetic battery was also got in operation, and applied, powerful shocks being passed from the nape of the neck, and neighborhood of the

cervical flexus, to the abdomen, and inside of the thighs; this was more effectual in arousing the patient than any other remedy; he made attempts to take hold of the poles, as they were applied to different parts of the body, and finally began to turn in bed, and make attempts to sit up. A powerfully stimulating enema was given, and repeated, with the aid of O'Beirne's long tube, without much effect in relieving the swelling and tension of the abdomen. Three drops of Croton oil were accordingly placed upon the tongue, and in the course of an hour, patient had two copious discharges from the bowels, with relief to the symptoms. The catheter was introduced, and about a pint of urine drawn off; at this time, patient began to rally, was able to sit up, and answer questions when loudly addressed, but immediately relapsed if the applications were discontinued for any considerable length of time. Expression of countenance vacant, and staring. Being now able to swallow well, large doses of strong coffee were given in addition to the stimulants. Vomited occasionally. The above mentioned applications were assiduously employed until 3 o'clock P. M., gradually increasing the intervals between the shocks of electricity and the doses of stimulants, as patient exhibited increasing evidences of consciousness. Patient could now stand up with assistance, and move his limbs slightly in locomotion. Some beef tea was given, and patient allowed to be quiet for ten or fifteen minutes at a time. He did not appear, however, to drop off into coma when left alone, as is the case when opium has been taken, but would occasionally open his eyes, with a vacant, amaurotic expression, and turn his head from side to side; the muscular spasms continued unabated.

July 4th.—Patient passed a tolerably comfortable night; complains of soreness of throat this morning, and of inability to pass his water; has still the unsettled, vacant expression. Skin pleasant, pulse up to 90, full and strong; abdomen soft and natural; the muscular twitching has not diminished; is unable to hold a vessel of fluid in his hands, or to carry it to his mouth. Can walk alone, but with much difficulty. Pupils unchanged.

July 5th.—No particular change; passes his water in

drops, and with great difficulty. Catheter required once in 24 hours. Muscular twitchings rather less. Very little appetite.

July 9th.—The spasms have now almost disappeared ; expression of countenance better ; catheter still required ; bowels constipated, requiring cathartics. Takes the Tinct. Ferri Mur. with Spts. Nit. dulc. and Mist. Camph.

July 11th.—Patient now passes his water without assistance ; bowels act without the aid of medicine, and he is about as well as he was before taking the Atropine, except that vision is more imperfect.

Remarks.—Atropine is never given internally intentionally, and no case of poisoning by it has been recorded ; various preparations of the plant *Atropa Belladonna*, from which the Atropine is extracted, have, however, been frequently taken in poisonous doses, and their effects have been noted by various writers ; these symptoms agree in the main with those observed in the above case, with a few striking exceptions, however ; there was no delirium preceding the coma, no nausea, and what is very singular, no dilatation of the pupils, although vision, which was before very imperfect, was almost extinguished for a few days, and, though a drop of the solution of the same strength as that swallowed by patient, subsequently placed between the lids, caused the pupil to double its size ; and it was still further dilated by one or two additional applications. The same effect has been produced in a number of other cases to which it has been applied within the past few weeks, showing the purity of the preparation, and its great power. The absence of the gay delirium in this case, which is noticed as so constant a symptom in poisoning by *Belladonna*, may perhaps be accounted for by the age of the patient, in connection with the natural mental dulness of his class, and by the large quantity of the narcotic taken. One-tenth of a grain is said by Pereira to have produced dangerous symptoms in man. Two grains of Atropine are about equal to 2 oz. of the root.

The patient has since been operated upon by Dr. Post, for cataract, by extraction, and there is every prospect of a successful result, eight days having elapsed since the operation.

DR. COLTON'S CASES.

CASE 4th. *Granular Phthisis*.—Farrel Smith, aged 26, Ireland, laborer, was admitted into the N. Y. Hospital, May 22d, 1850. He had enjoyed uninterrupted health until May 18th, when he was seized with chill, followed by fever, anorexia and thirst, pain in the chest, dyspnœa and cough, with scanty expectoration. Now has hot skin, full, quick and hard pulse, hurried respiration and pleuritic stitch. No expectoration noticed. On examination, crepitation heard over both lungs, all the way round, with resonance on percussion. (C. C. over both lungs. Ant. Tart. gr. $\frac{1}{2}$ q. 2 h.)

May 23d.—He is in a state of collapse. Skin cool and clammy; pulse 140, soft and weak; countenance anxious; complexion livid; prolabia nearly black; orthopnea; expectoration very scanty, mucous, and viscid. Free emesis and catharsis produced by medicine. Copious bronchial râles, the mucous predominating over the whole chest. Discontinue the tart. ant. et pot. and give of the following mixture half an ounce every hour:

R Carb. of Ammon. 3ij
Syr. of Senega poly.
Tolou.
Tinct. of Sanguin. ââ ʒiiss.
Aqua pura ʒiiiss Mx. ft. mist.

May 24th.—In about an hour after the change in the treatment, he began to cough freely and expectorate a viscid, well-aerated bronchial mucus—two or three pints in the twenty-four hours. Dyspnœa still urgent but diminished.

May 26th.—Expectoration and dyspnœa as before; skin bathed in a profuse, cool perspiration: breathes easiest in the semi-recumbent posture, in which he continues day and night; one stool. (Medicine as before. Wine and nourishment.)

May 30th.—Much as before, breathes rather easier: expectoration becoming operline, less viscid, less aerated, and less in quantity. There exists slight dulness on percussion over both lungs—not more marked in one place than another: rhonchi as before, but less distinct. (Emp. Vesic. to both

sides, to be repeated.) Medicine as before, but less stimulating.

June 3d.—Has felt better and brighter lately, occasionally laughs and jokes: face still very livid; pulse has throughout remained at 120–150; legs are becoming œdematous; respiration as before. (Has taken Cal. grs. iij; Opii, gr. i; M. q. 3. h. the past two days, the expectorant being continued.)

June 4th.—Failed rapidly and died.

Autopsy, eighteen hours after death.—Heart somewhat enlarged and its tissue rather softened; its cavities, and all the veins filled with black inky blood, imperfectly coagulated. Lungs adherent by organized false membrane. At apex of right lung were several cicatrices, marking the situation of old vomicæ. The lung substance was dark, congested, rather firm to the feel, but floated in water, and when incised, black blood in quantity followed the knife. Granulations as small as a mustard seed were scattered throughout both lungs, from base to apex, and in such immense quantity that a portion of lung $\frac{1}{16}$ of an inch square could not be found, which did not contain many of these minute bodies.

They were fibro-cartilaginous, opaline, and rather larger at the apex of lung than at the base. The intermediate lung structure appeared as if in the first stage of pneumonic inflammation. The mucous membrane lining the bronchiæ, was red, inclining to purple, and slightly thickened. A few small tubercles were found in the liver and spleen.

Physicians in attendance, J. H. GRISCOM, M.D., J. M. SMITH, M.D.

Remarks.—Concerning this form of tubercle much difference of opinion has existed. Laennec, Louis, and Rokitansky consider them as nascent tubercles. Andral, for reasons abundant and ably stated, regards these myriads of granulations as resulting from a great number of partial vesicular inflammations, in the midst of parenchyma, while all around maintains its healthy structure. Chomel joins him in the belief, and the history of the case above related, accords most perfectly with this view.

CASE 5th. *Arsenical Paralysis.* — Charles Wilson, 41, Swede, seaman, was admitted into Hospital, Dec. 1st, 1849. He states that accidentally, about five months ago, he swallowed some arsenic, which had been laid aside for the purpose of killing rats; that remedies were promptly used, which counteracted the primary effects of the poison: felt perfectly well for seven days afterwards, was then attacked at night with a violent cramp in index finger of right hand, successively invading the other fingers, and lastly the thumb, then attacking the other hand in the same manner, and finally the feet, the pain in hands subsiding as the feet became affected: that the whole duration of cramp was about thirty minutes, after which he fell into a sound sleep, which continued until morning: that when he awoke felt free from pain, but on attempting to rise, was surprised to find that he had lost the use of the affected parts, and was, in fact, perfectly helpless; and that this paralysis has continued unchanged to the present time, accompanied with a feeling of heat and numbness, which invaded the upper extremities, from tips of fingers to a point about three inches below the elbow, and the legs, from the toes to a point a little below the knee. Has also had lancinating pains in these parts, regularly commencing about 5 P. M., and continuing until midnight.

Now paralysis and nocturnal pains continue as above stated. He can neither feed himself, nor stand alone when placed upon his feet. Has dryness in throat and great thirst. Nothing remarkable about general aspect or symptoms. He has been subjected to a variety of treatment before his admission here. Has been mercurialized and taken Potass. Iod. (Anodynes, warm baths, good diet.)

July 14th.—Has used for a time Quin. Sulph. Strychnine, in ordinary doses, and Electricity, persevered in for a considerable time. Has slowly and pretty steadily improved. About January 7th. first began to walk with a shuffling, unsteady gait; soon after could use his hands in feeding himself. Now can walk quite well, grasps the hand with some firmness, but cannot yet button his own clothing: has had no pain for some time, save in the approach of stormy weather, when peculiar painful sensations are perceived in fingers. On Jan. 10th, his

urine, as tested by Professor Reid, was found to contain arsenic, estimated at $\frac{1}{170,000}$ th part, but on May 18th all trace of the poison had disappeared.

July 15th.—Discharged relieved.

Physicians in attendance, Drs. SMITH, SWETT, GRISCOM, and BULKLEY.

Remarks.—A case similar to the one related occurred here in 1847. The subject was a middle aged female, who had taken arsenic for suicidal purposes. She suffered also from paralysis of upper and lower extremities, with excruciating pains of these members. When I last heard from her, Dec. 1849, she had nearly recovered.

Another case is related by Dr. Hastings, in Braithwaite's Retrospect, Vol. XVIII, art. 22, of partial paralysis of upper and lower extremities, with a burning pain in feet; following the prolonged use of Liquor Arsenicalis.

CASE 6th. *Chronic Gastritis. Incessant Vomiting. Recovery by regimen alone.*—Patrick Seward, aged 27, Ireland, seaman, was admitted into Hospital, April 23, 1850. He has for the last three and a half months, uniformly rejected every thing swallowed, within twenty or thirty minutes from the time of eating or drinking. Has felt pain and uneasiness over cardiac extremity of stomach; has sometimes had pyrosis; has used ordinary table food. Now is somewhat emaciated, is very weak, has no pain or uneasiness except this fixed pain in stomach, complexion natural, countenance cheerful. On examination, slight tenderness on pressure over epigastrium, without tumefaction or dulness on percussion. *R.* Emp. Vesic. 5 x 4, ad. loc. dol. Milk, with cracker soaked therein, $\mathfrak{z}$ i. q. 2 h. Rigid abstinence from all other food or drink.

May 15th.—For upwards of a week, by strict adherence to orders, patient did not vomit. Encouraged, he began to partake more freely of his food, and finally ventured upon a piece of meat. Vomiting returned as before. By argument and threatening being induced to adhere to prescribed regimen, he is now much better every way: eats more than before, but is still confined to milk diet.

May 30th.—Very much improved; walks about the yard,

takes soups and tender meats, finely chewed, and in limited quantity. Lately some œdema has been perceived about feet, also slightly in face. Urine slightly albuminous. Feels quite well and strong.

June 3d.—Discharged cured.

Physician in attendance, DR GRISCOM.

Remarks.—This case well exhibits the importance of giving rest, as nearly absolute as possible, to a suffering organ. There is, in such cases, the greatest difficulty in making the patient strictly observe directions, for the craving appetite and the confidence acquired from the cessation of the accustomed annoyance, is often more powerful than persuasion or command ; and he will, for a time, conceal the fact of his vomiting, rather than observe dietetic rules.

This case is very much like one related in Watson's Practice, p. 173.

ART. III.—*Extraordinary and Fatal Case of Poisoning with Bromine.*

By J. R. SNELL, M. D., of Green Point, L. I.

To S. S. PURPLE, M. D., *Editor of the N. Y. Journal of Medicine, etc.*

DEAR SIR,—An interesting case of fatal poisoning by Bromine came under my observation recently, a brief account of which, I trust, you will consider worthy of an insertion in your valuable Journal of Medicine.

I am not aware of the record of any case of poisoning in the human subject by this article, and though experiments have been performed with it upon animals, yet nothing is known of its precise mode of operation, except the fact, that it is a local irritant and caustic, and supposed to produce constitutional effects analogous to those of Iodine ; hence a record of this case may be important to the profession for future reference.

Though the history of one case is, perhaps, not sufficient to establish the invariable effects of any medicinal substance, any more than the observation of a few facts only are sufficient to show incontrovertibly the truth of any physiological theory, or therapeutic principle ; yet the hope that the history of one

case may call forth reports of other cases similar, induces me to trouble you with this communication.

I was called to see Mr. —, Tuesday morning, May 28, 1850, about half-past six o'clock. I was informed by the friends, that half an hour previous to my visit, the patient had swallowed Bromine with suicidal design. At this time the patient was complaining of incessant pain, which he described to be of a burning character; breathing slightly accelerated, short, and thoracic; pulse somewhat frequent, small, and quick; slight borborygmus and eructations from the stomach; several times during his illness I observed partial tremors of his hands and arms, but no decided convulsive movements were manifested, and the tremors were doubtless the result of excitement and fearful apprehension upon a naturally nervous temperament. An ounce bottle with its tin case was found upon the walk below his bedroom window, and he confessed having taken the whole, but a few drops spilled upon his hands and clothing in the act of swallowing. It was taken undiluted, directly from the mouth of the phial, hence the violent inflammation of the lips, tongue, mouth, œsophagus, etc. Another fact not to be omitted in the detail of the case is this, the poison was taken into an empty stomach; this circumstance alone, doubtless, caused a greater intensity, as well as an earlier commencement of the symptoms of gastritis. At the expiration of two hours and a half from the time the fatal dose was taken, the symptoms began to indicate some degree of prostration—surface cold and clammy, breathing short and laborious, with a prolonged expiration, attended with considerable mucous throat-rattle. The mucous secretion of the schneiderian membrane was copiously discharged, and saliva flowed very freely; pulse frequent, quick, and hard; no thirst, retching, or vomiting; pain more intense. In three hours and a half, pulse more frequent and feeble; breathing thoracic, difficult, and slightly convulsive; mucous throat-rattle more extensive, and deglutition, which has been growing more and more difficult, is now found to be impracticable. The patient is becoming quite restless, throwing his hands and arms frequently into different positions. Cold perspiration breaks out, and the skin in many parts appears tinged slightly blue, and

shrunk; countenance haggard, and blueish pale; features pinched; eyes sunken, pupils natural, conjunctiva has lost its lustre, and appears corrugated; no abatement of pain; frequent but ineffectual desire to stool; restlessness, and other symptoms, indicative of extreme prostration and impending dissolution, increase rapidly. In four hours, pulse small, frequent, and almost imperceptible; no retching, vomiting, or thirst; patient is unable to protrude his tongue; cold perspiration increases; constant restlessness; pain moves lower down. Four hours and a half, no pulse; extremities cold; respiration decidedly convulsive, with the prolonged expiration peculiar to dying persons. The above symptoms continued to grow more intense, till death relieved the sufferer, about seven hours and a half after the poison was taken.

Autopsy, sixteen hours after death.—In this I was assisted by my friend Dr. Schapps, of Williamsburgh. The head was not examined; lower portion of the lungs congested, and a limited number of tubercles in the upper lobe of both sides. There was considerable serous effusion into the pericardium, but nothing more of particular importance was found respecting the viscera of the chest. The mucous surface of the œsophagus was not examined, but from the symptoms evinced during the illness of the subject, it is to be inferred that the mucous membrane of the entire œsophageal passage was in a state of high inflammation, and perhaps partial disorganization. The peritoneum was tinged reddish-yellow throughout the upper two-thirds, and highly injected in the parts lining the stomach, duodenum, and liver. The lesser omentum, great omentum, and transverse meso-colon, were all deeply tinged with Bromine, and injected to a considerable extent. The stomach was examined by Dr. Schapps, and the following description is in his own language:

“External surface.—On the anterior surface of the stomach, near the middle of the lesser curvature, is a large ecchymosed spot, two inches in diameter, the centre point of which is softened and gelatine formed, this may be owing to post-mortem changes. The whole anterior surface is very much injected, especially about the lesser curvature. On the posterior portion are several ecchymosed spots, surrounded by red borders.

Internal surface.—The whole internal surface is covered by a thick, black layer, resembling tanned leather, and peels off readily. The mucous membrane is softened with intense sub-mucous injection; the lower portion of the stomach is smooth, hard and tanned. The same appearance of things exists in the duodenum, especially on the structure of the *valvulæ conniventes*, while in the sulci the mucous membrane is softened and injected.”

The treatment I pursued in this case, was in many respects experimental from necessity, there being no direct antidotes known. Among the means made use of, the following were the principal:—1st. Sulph. zinci emetic. This brought away Bromine to a considerable amount. This was followed by starch, magnesia, white of eggs, and aqua ammonia. The last article was administered in view of the statements of a respectable and intelligent gentleman present, engaged in the daguerreotype, who informed me that in this process, aq. ammonia or some other strong alkali was invariably used with success to destroy and neutralize Bromine in all their operations. An attempt was made to use the stomach-pump, but failed, on account of the extensive inflammation and pain of the fauces and œsophagus.

I am not disposed to make any remarks upon the points of interest connected with this case (choosing rather to present the case to the reader in its marked detail), however, I cannot omit alluding to one or two facts that seem to stamp the action of Bromine as peculiar, at least in this case. The symptoms indicated inflammation of the stomach and bowels, thus showing the effect of Bromine to be a local irritant, but on a closer inspection we observe the absence of some of the most common symptoms of mucous inflammation of the alimentary tube, viz., vomiting, purging, and thirst. Though the lips, mouth, and tongue were inflamed, yet these parts were at no time dry, but saliva and frothy mucus flowed freely from the mouth. During the whole course of this case there were no symptoms to show that the poison had any effect upon the brain.

ART. IV.—*Case of Encysted Transformation of the Kidneys.* By
H. N. BENNETT, M. D., of Bethel, Ct.

MR. ———, a gentleman of somewhat sedentary habits, and of more than ordinary *embonpoint*, had consulted me frequently, during the past five or six years, for indispositions of short duration, consisting chiefly in derangement of the digestive functions. His symptoms at such times were those common to all dyspeptic persons, loss of appetite, gastric irritability, cardialgia, flatulence, and occasional diarrhœa. His skin had at times a pale yellowish tinge, which I supposed due to some functional lesion of the liver. He presented no signs of organic disease of any kind. The symptoms on the part of the digestive apparatus were always readily relieved by appropriate medication and attention to diet. In the summer of 1849, in addition to his usual dyspeptic troubles, he began to assume an anæmic appearance. He still, however, preserved, in a great degree, his natural *embonpoint*, and showed no farther signs of disease. I advised him to a journey, which he prosecuted with much advantage, returning home in comparative health, which he retained through the winter following, quite to the spring months. During the spring season he re-assumed his anæmic appearance, his gastric irritability and loss of appetite, together with considerable dyspnœa upon exercise. At this time he was held up as a candidate for an important office in the State, and after his election, left home to assume its duties, with his indispositions still increasing upon him. After a brief absence he returned, unable longer to sustain his position at the seat of government. Exercise, at this time, produced a very troublesome dyspnœa, and he was much debilitated. I examined, very closely, the thoracic organs, and could detect nothing abnormal. The signs of organic disease were wholly absent. The horizontal posture was the most congenial to his feelings, and he was not œdematous in any portion of the body. I should observe, also, that contrary to his usual habit, his bowels were now constipated, but the fœcal discharges showed no deficiency of bile.

I now directed my attention to the urinary organs, al-

though he had never complained of any symptoms on the part of the genito-urinary apparatus. I found, however, upon inquiry, that he passed an unusual quantity of water, and generally rose from bed two or three times each night for this purpose. An ocular inspection of his urine did not show any thing worthy of remark, except that it was perhaps unusually pale. Submitting it, however, to the action of nitric acid and heat, I found it to contain a large proportion of albumen. It was not saccharine. The diagnosis was now, to my mind, no longer doubtful, for although there was absence of œdema, and an increased instead of diminished secretion of urine, his general cachectic appearance and the presence of albumen in the urine, together with a total absence of signs of organic disease of the heart or other thoracic viscera, compelled me to assume granular or other structural disease of the kidney. In this opinion, my uncle, Dr. E. P. Bennett, who was called in consultation, fully coincided. Notwithstanding the remedies used, my patient evidently declined. About the first of June, of the present year, he was seized with an intense angina, which not only very much impeded deglutition, but evidently increased his dyspnœa. Every effort was made to relieve this symptom, but was wholly ineffectual. The neck in the region of the submaxillary glands and thyroid cartilage became tumefied, the dyspnœa increased hourly, and he died, undoubtedly, from the encroachment of the pharyngeal inflammation upon the glottis and larynx. A day or two previous to the fatal termination, I solicited the advice of Prof. Charles Hooker, of New Haven, who only arrived, however, in time to be present at the autopsy.

Post-mortem examination.—Thorax and abdomen the only parts examined. The thoracic organs were perfectly normal in every respect. The abdominal viscera relating to digestion, were equally healthy in appearance. The liver was of natural size and color. No disease of mesenteric glands, and the omentum and mesentery were loaded with fat. Upon reaching the kidneys the true nature of the disease was at once shown. Both kidneys were the seat, not of granular disease, but of *encysted transformation*, the left being double its normal dimension. The convexity of these organs was

occupied by a great number of cysts, varying in size from that of a large filbert to that of a shot, and containing a fluid quite different in various cysts. Some were filled with a transparent fluid, of a slightly yellowish tinge, but the majority contained a turbid liquid, of a brownish color, evidently the result of a *nuage*, or sediment, held in the watery contents. In one of the largest cysts, and in a few of the smaller, this *nuage* was of a bright red color, resembling the brick-dust sediment. In one only of the numerous loculi which I opened, upon the section of the left kidney, I found a small calculus, the chemical character of which I did not test, but which I judged from its appearance to be of the phosphatic variety. A singular fact in reference to the sediments contained in these cysts, was, that upon placing the preparation in alcohol for preservation, a firm concretion was formed of them, while the watery contents, from their chemical affinity for the alcohol, were extracted by exosmosis, leaving the cysts much collapsed. The concretions had an unctuous and slightly granular feel. A section of both kidneys showed that their whole body was the seat of the same transformation, but in the interstices of the cysts were portions which appeared like healthy texture, and if my eye did not deceive me, chiefly of the tubular portion of the kidney. The ureters and bladder were not diseased.

Remarks.—Encysted transformation of the kidney is said, by the French authors, to be by no means rare, but the symptomatic expressions of the disease are considered equivocal, and are not well defined. It is chiefly with a view to its bearing upon diagnosis that I report this case, as its anatomical characters are no different from others well described by Cruveilhier, Rayer, and others. The presence of albumen in the urine, was the only symptom, in the present instance, which pointed to the kidney as the seat of disease. My patient had never complained of pain in the loins: he had never been the subject of lithic acid concretions, stricture of the urethra, or prostatic hypertrophy; in short, nothing which we could suppose would induce structural disease of the organs of urinary excretion.

The albuminuria, it will be observed, was not accompa-

nied by the usual attendants of granular disease, œdema or effusion into the serous cavities, together with diminished secretion of urine, and this fact I conceive to be a capital point in the diagnosis of renal affections accompanied with albuminous urine. Granular disease is characterized by general œdema, serous effusions, and a diminished secretion of urine containing albumen in greater or less proportion; encysted transformation and degeneration, are wanting in the hydropic symptoms, unless accompanied by other organic disease, and the quantity of urine is increased and also contains albumen. This increase of the quantity of urine is sometimes very great, especially in cases of simple cyst of the kidney, or hydronephrosis. I have seen one case of this kind, in which the left kidney was transformed into an enormous sac, capable of containing a quart of fluid, and the patient would sometimes discharge half a gallon of serous urine in twelve hours. This subject had also organic disease of the heart, and was only œdematous in the lower extremities, at the period of his death. Œdema usually occurs early in true granular disease of the kidney, and progresses or recedes, *pari passu*, with the organic lesion, taking the increase or diminution of albumen in the urine, as the test of this lesion. Albuminous nephritis appears to impress, at an early date, a certain modification upon the blood, the symptomatic expression of which is effusion into the areolar tissue, or the serous cavities; while encysted transformations may progress for years, without producing these effects, and then only as an ulterior result, the consequence rather of the drain produced by the increasing discharge of serous urine, and the induction of general cachexia by the obliteration of the function of an important organ, than of any specific impression made by it primarily upon the vital fluid.

The present case is a striking instance of the extent to which encysted transformation may progress, without producing fatal deterioration of health. Had it not been for the occurrence of the anginose difficulty, he would probably have survived some months longer, and it is questionable whether there was any relative cause and effect between the renal and pharyngeal disease, except that the former probably modified

the character of the inflammation occurring in the posterior fauces. The only symptoms in this case, both in its earlier and later stages, were upon the part of the digestive organs, and no one could possibly have suspected disease of the kidneys, except from the presence of albumen in the urine. I am not aware that albuminous urine has ever been made a special sign of encysted diseases of the kidney, but in three cases which I have seen within a few years, it has been wanting in neither. The cause of this is not difficult to imagine. The cysts, whether single or multiple, partake partly of the nature of serous sacs, while they at the same time evidently continue to secrete a certain amount of urine, the necessary product of such a structure being serous urine.

I have never ascertained the specific gravity of the urine in either of the cases of encysted transformation which I have seen, but I am disposed to think it is not as much diminished as in granular disease. This opinion is formed merely from ocular inspection of the urine, however, and from the density of the fluids contained in the cysts after death. It would be an important item in the diagnosis, if found correct.

ART. V.—*On the Causes, Symptoms, and Treatment of Latent Pneumonia.* By JOHN O'REILLY, M. D., Licentiate and Fellow of the Royal College of Surgeons in Ireland. Late Medical Officer to the Oldcastle Workhouse Infirmary and Fever Hospital, etc., etc.

As many persons fall victims annually to pulmonary diseases, I feel it incumbent on me to direct the attention of the profession, as concisely as is consistent with perspicuity, to a very prevalent affection of the lungs, and one which, I presume, very often is not detected until it is too late to ward off fatal consequences. I allude to what may be fairly called Latent Pneumonia. I am satisfied that nearly as many individuals are doomed to premature graves by this insidious and formidable malady as by Phthisis, with which it is, I believe, very often confounded by medical men not thoroughly acquainted with diseases of the chest.

I must observe it is not a matter of surprise that derangement of the respiratory organs should be of frequent occurrence, when it is recollected the laboring classes, as well as tradesmen, reside in crowded houses, and for the most part occupy apartments not sufficiently ventilated—where the temperature in the winter months is raised to a very high degree by heated stoves—where the atmosphere is nearly excluded, the windows and doors being kept tightly closed—where, in fact, the air is charged with carburetted hydrogen, and merely as much oxygen present as to preserve vitality, but not adequate for the purposes of respiration.

Now, it is not astonishing that persons on leaving rooms thus circumstanced, and going into a cold atmosphere (the temperature of which may be below the freezing point), should experience severe chills—that the blood should rush from the surface to the internal organs, producing sanguineous engorgement of the viscera, and that instinct or habit should urge a stimulant in the shape of brandy or gin, which would cause a reaction, and relieve the distressing feelings thus induced—that a daily repetition of the events now detailed should cause irritation, and excite into destructive action tubercles hitherto dormant—that bronchitis in other instances should be brought on and permanently established—that congestion of the lungs should become hepatization, and ultimately end in interstitial suppuration.

Having made these remarks with a view to the elucidation of the disease under consideration, I have to state that pneumonia is divided by writers into the acute, chronic, and typhoid. The symptoms and physical signs of the first form are too well understood to require to be particularized. The same observation is true of the second; more circumspection and a closer examination is certainly indicated. With respect to the last variety, it usually occurs as a sequel or in connection with some other disorder, when the powers of life are prostrated to an extreme degree, as low typhus fevers, etc.

I am actuated thus briefly to enumerate these divisions of pneumonia, in order to show the necessity of adding another, which is of as frequent occurrence as the three just specified, namely, "*Latent Pneumonia*." The term latent implies that

the disease may have been present for some time, without causing as much constitutional disturbance as to hinder the patient from pursuing his usual avocation. It may also have reference to the physician, who will not suspect its presence from the fact of the person not evidently suffering much inconvenience from it, and consider it a common catarrh.

It is highly important to minutely examine the state of the lungs, when a person seeks advice, saying he has got a cold. If the disease in question exists, there will be dulness on percussion, absence of the vesicular murmur, as well as bronchophony corresponding to the lower part of the left lung—this is almost invariably the case. The patient on being *questioned* will complain of a troublesome cough, and that the expectoration is viscid and scanty, that his breathing is shorter than it should be. With respect to the constitutional disturbance, the pulse will not be found to be much quickened, the tongue will be moist and slightly furred, the appetite impaired, and considerable debility.

With regard to the treatment of the disease, mercury must be slowly and cautiously exhibited, so as to keep the system under its influence for a *lengthened period*. Counter irritation must be kept up by blisters, which are to be dressed with mercurial ointment. The Iodide of Potassium will be administered with a good result after the patient has been mercurialized. It will be necessary to support the constitution by nutritious regimen, and to give the benefit derivable from good air to the patient.

A long time may elapse before resolution takes place, and the lung restored to its normal functions. The case will require to be well watched, and dealt with as the occasion demands, on the principles of treatment already advanced.

When interstitial suppuration has taken place, little good can be accomplished by any mode of treatment. The lung may now be said to be composed of a mass of ulcers, secreting large quantities of muco-purulent matter, which is continually expectorated. The patient goes on daily getting worse. When this deplorable state of things is witnessed, on examination the lung will elicit a dull sound on percussion, over the entire surface, and a loud muco-crepitant râle will

be audible on applying the ear to the chest. Now it may be asserted the favorable opportunity for eradicating the disease has been lost, and that the patient is consigned to destruction at no remote interval; and when death closes the scene, his relations will be of opinion consumption proved to be his destroyer.

With respect to the diagnosis between phthisis and latent pneumonia in its last stage, it will be remarked that the former disease attacks persons of a scrofulous diathesis, the latter persons of a sanguineous or bilious temperament. Again, that the upper part of the right lung is generally the seat of tubercular depositions, and that the disease proceeds from above downwards, whilst the lower part of the left lung is the part implicated in latent pneumonia, and the disease extends from below upwards. It is further to be remembered, phthisis is better marked by hectic fever than latent pneumonia.

I consider latent pneumonia in a great measure peculiar to this country. It is not known in Ireland, to my knowledge. Indeed, it resembles chronic pneumonia as observed in the latter place. The difference consists very much in the way the state of the lung is reduced, and it is this that marks the distinction.

Latent pneumonia will be found to seize on males in preference to females, in the ratio of nine out of ten. This may be accounted for by the former being exposed to greater vicissitudes of heat and cold.

It must be allowed it would be most conducive to the public health, if due provision was made for ventilating houses, by placing ventilators in the ceilings, and thus affording a free exit for all noxious vapors.

I conceive it would be desirable to dispense with stoves. In Ireland where such are rarely used, the population is vigorous and healthy. The chimneys supply the place of ventilators in that country, and would serve the same purpose in this, with equal advantages.

ART. VI.—*Quarterly Report, ending July 15th, 1850, of the N. Y. Lying-In Asylum.* By JAMES FERGUSSON, M. D., Resident Physician.

DURING the three months comprehended between the fifteenth of April, the day upon which I entered upon the duties of Resident Physician, and the fifteenth of July, there have been admitted to the benefit of this Asylum, one hundred and fifty-five patients. The processes of parturition in the cases of nearly all these patients have been regular, both in the presentations and the duration of labor. Those which have presented deviations from the ordinary course, have been two cases of footling presentation; two cases in which the breech was the presenting part; one case of plurality of birth; one in which the forceps were employed, and one case of peculiar interest, in which secondary uterine hemorrhage occurred on the *thirteenth day* after delivery. I shall proceed to speak of some of these cases in the order in which I have enumerated them.

CASE 1. *Footling Presentation*.—This patient was a primipara, and twenty-one years of age. She had been in labor about eight hours when I was summoned to her assistance, and learned that after the discharge of the liquor amnii, a single pain had sufficed to expel the body of the child from the uterus. Upon examination I found the occiput lying in the hollow of the sacrum, and that the chin was engaged over the symphysis of the pubes. Pulsation had entirely ceased in the funis, and there was but little reason for a hope that the child could be born alive. The pains were quite frequent and severe, and it was my object to assist the passage of the head as soon as possible. The pelvis being large and apparently without deformity, I considered it advisable simply to alter the position of the child, in order to allow the spontaneous contraction of the uterus to accomplish a completion of the delivery, if it could be thus effected. Introducing two fingers of my right hand into the vagina, I passed them up till they encountered the chin. Making gentle pressure at this point, I raised the body of the child in my left hand to an oblique position, and to my great satisfaction, upon the termination of

the second pain thereafter, the occiput passed the curve of the sacrum, and the child was delivered without further difficulty, though, as I had anticipated, in an asphyxiated condition. The usual means were resorted to for restoring animation, but were ineffectual. On the fourth day after delivery, symptoms of puerperal peritonitis of a mild form exhibited themselves, which were promptly relieved by appropriate remedies.

CASE 2. *Footling Presentation.*—This woman was thirty-one years of age, and had previously borne five children. As I learned from the patient, her labors had all been speedy, with presentation of vertex. In this instance, though a preternatural presentation, the child was expelled alive and entirely without assistance, within an hour after the first pain was experienced, the process thus being much shorter than the majority of labors where the head is the presenting part.

CASE 3. *Secondary Uterine Hemorrhage, on the thirteenth day after delivery.*—The patient was twenty-four years of age, and had never borne children. Her labor was comparatively an easy one of fifteen hours' duration, and no unusual symptoms presented themselves during her convalescence till the day above-mentioned. For three or four days previous she had left her bed during a good portion of the day, and as the presence of the binder was unpleasant to her, she had removed it without my direction or knowledge. On the morning of the thirteenth day I was suddenly called to see her, and found her very much prostrated from loss of blood. I learned from her that during three hours blood had been escaping from the vagina, but she had avoided communicating the fact to any one, in the hope that the hemorrhage would cease spontaneously. The exact quantity of blood could not be accurately ascertained. All the clothing in the immediate neighborhood of the nates were saturated with blood, and large clots were lying below the vulva, from which I judged that the quantity lost was not far from two pints and a half. The discharge had continued to increase since its commencement, and when I saw her it was still escaping quite rapidly. Her countenance was pale and anxious and her pulse at the wrist exceedingly weak and frequent, it being one hundred and ten per minute. Upon examination, over the hypogastric

region the uterus was distinctly felt considerably larger and softer than is usual at this period, a circumstance which I attributed partially to the early removal of the binder, and partially to the probable existence of an internal hemorrhage previous to the discharge of blood from the vagina. Upon introducing a finger into the vagina, I found a clot lying in its cavity, and the os uteri sufficiently dilated to admit its extremity for a short distance. I immediatly ordered a cold douche, followed by the application of a bladder of ice, over the lower part of the abdomen; administered $\mathfrak{z}\text{i}$. of the saturated tinct. of ergot, and enjoined absolute quiet in the recumbent position, and cold drinks. The effect of these agents was to produce a moderate contraction of the uterus, though the discharge of blood was not very materially diminished. I now made a re-application of the binder, with a thick compress over the region of the uterus, as firmly as could be borne by the patient, and ordered the administration every second hour of the following pill:

R Pulv: Secal: Cornut:	gr. iij.
Plumbi Acetatis,	gr. ij.
Pulv. Opii,	gr. $\frac{1}{4}$.
Muc: Gum: Acac:	Q. S. Fiat in pilula.

Under this treatment she gradually improved, but as the hemorrhage still continued, though in smaller quantities, on the morning of the second day, I asked Dr. Thos. F. Cock, one of the attending physicians of the Asylum, to see the case with me, who recommended a continuation of the treatment which I adopted. In the evening, the bowels having been constipated for three days, and being unwilling to administer a cathartic in her present condition, I ordered an injection of cold water into the rectum, in order to effect the double object of an evacuation of the contents of the bowels, and probably, aiding the uterus in its contraction. From this time, the intervals between the administration of the pills being gradually lengthened, the discharge steadily diminished, and on the evening of the third day entirely ceased. Nourishing diet was allowed the patient, her convalescence was speedy, and without an untoward symptom, and she was discharged from the Asylum in good health.

The occurrence of hemorrhage from the uterus several days after delivery is so unusual, and so little has been written concerning it, that I have considered this case worthy of particular description. I have examined several statistical tables with reference to this subject, and I have not been able to find any case in which hemorrhage occurred at so late a period. Among sixteen thousand six hundred and fifty-four cases of delivery in Dublin Lying-In Hospital, reported by Dr. Collins, there were but forty-three cases in which uterine hemorrhage occurred subsequent to the expulsion of the placenta. In forty, the discharge took place within twelve hours; in one, on the fourth day; in one, on the fifth, and in another on the tenth day. Drs. McClintock and Hardy report six thousand six hundred and thirty-four cases of delivery in the same Hospital. Twenty-five cases of secondary hemorrhage were recorded, one of which occurred on the seventh day. There was also reported from this Asylum, by Dr. Stimson, in N. Y. Annalist of Oct. 1st, 1847, the case of a patient in whom hemorrhage took place on the tenth day subsequent to parturition.

Various causes have been assigned for the occurrence of this accident, but in this instance I think the hemorrhage is fairly attributable to the early removal of the binder, accompanied by premature exertion on the part of the patient, causing great excitement of the circulation.

ART. VII.—*Extracts from the Reports of the Proceedings of the New York Pathological Society.* (Selected and prepared by Committee of Publication.)

CASE 1. *Chronic Cystitis and Pyelitis—Total destruction of the Prostate Gland.* By J. A. SWETT, M. D.

JOHN JOHNSON, aged 35, seaman, admitted into New York Hospital January 24th, 1850, being transported from the surgical side of the house, where he had undergone an examination for stone in the bladder. None had been detected.

He had the aspect of a man suffering from serious organic

disease; was much emaciated, very feeble; pulse small and weak, but not accelerated; skin cool; no hectic. Complained of frequent desire to pass urine, which was attended with pain over the bladder. The region of the bladder was tender on pressure, and there was ardor urinæ, especially in perineal portion of the urethra. Sometimes the flow of urine was free, at other times obstructed; and sometimes the obstruction occurred suddenly, while voiding. He suffered at times from lancinating pains in the testicles, which were often drawn up against the abdominal ring. The left testicle was slightly enlarged and firm; there was tenderness extending up the cord. No complaint of pain or unusual feeling in the region of the kidneys, and no tenderness on firm pressure. The urine was of a decided red color, in quantity about natural; specific gravity 1020; slightly acid; there exists a copious sediment of pus and blood. He stated that about a year before admission he first perceived ardor urinæ, and that the stream of urine was unusually small. Also, that he had never had gonorrhœa or other venereal disease.

A bougie being passed, urine became bloody, and thus continued for two or three weeks. Since which time he has continued with present symptoms. The stream of urine is sometimes small, sometimes natural, and sometimes obstructed by stringy mucus. He has a tendency to diarrhœa, and gradual exhaustion of vital powers. There exists no evidence sufficient to demonstrate disease of the kidney.

As to the treatment, Carbonate of Potassa, in small doses, seemed beneficial until it produced an alkaline reaction of urine, when the pus was replaced by a stringy mucus which obstructed the urethra. The urine gradually lost its bloody appearance, becoming pale and arborescent. The quantity of pus seemed materially to diminish. Specific gravity fell to 1012, and after the discontinuance of the alkali, the urine recovered its acid properties. The diarrhœa was for a time checked, but soon returned, the dejections being of a peculiar orange color without mucus or blood. Suppression of urine came on two days before death, which took place on the 15th of March, without agony or coma.

Autopsy 24 hours Post-Mortem—The intestines were uni-

ted to the bladder by old and firm adhesions, and on the left side, along the tract of the ureter, left kidney and spleen; recent adhesions united the convex surface of the liver to the diaphragm. The left kidney, ureter and bladder were enveloped in a thick organized false membrane, and were so firmly connected by them to the surrounding parts, that a tedious dissection was necessary for their removal. The urethra opened on the dorsal surface of the penis, and presented nothing but a slight slaty tint, and rather more injection than normal, until the posterior part of the membranous portion was reached, when the coats of the urethra suddenly ceased by a well defined and ulcerated edge. The canal terminated in a cavity capable of containing an ounce of liquid, and which was lined by an organized false membrane. The cavity occupied precisely the place of the prostate gland; no trace of which could be discovered. Beyond this cavity the neck of the bladder was distinguished, but much deformed by irregular ulceration; its muscular fibres being hypertrophied and at the same time ragged. The cavity of the bladder contained pus to the amount of half-a-pint or more. It was smaller than natural, and had lost its usual shape; it presented a dark red appearance, and no vestige of mucous membrane could be found. Its muscular fibres were hypertrophied, of a dark red, and brittle, and every where exposed as if dissected. At several points dark ulcers, of considerable size, had destroyed the muscular tissue. The peritoneal coat was blended into an undistinguishable mass with the false membranes covering it, presenting a firm dense tissue several lines in thickness. Immediately upon the fundus of the bladder, and united to it by firm adhesions, was an abscess, the diameter of which was about the size of the large intestine. From this point it passed to the left and upward, following the course of the ureter, and terminated behind the left kidney about its middle portion. Its cavity was capable of containing a pint or more of pus. This abscess was evidently of an ancient origin, and its walls were organized. While examining the cavity of this abscess, the left ureter, enlarged and thickened, could be plainly seen just above its middle portion and on its anterior surface to communicate with the abscess by an irregular opening, half

an inch in length, thus establishing a free communication between the ureter and the cavity of the abscess. The ureter was perfectly free from obstruction through its whole length.

The left kidney felt firm, invested as it was by thick and firm false membrane. Its size was about normal. On dividing the organ, a quantity of thick pus gushed out, which proceeded from cavities assuming the shape and position of the tubuli of the kidney, and each communicating freely with the infundibulum, and were lined by false membrane. Its cortical structure was healthy. The right kidney was healthy. The lungs contained milliary tubercles. All the other organs were healthy.

Dr. BOWEN remarked that the remains of a stricture of the urethra are very evident; consisting of an indurated and slightly contracted portion of the canal, situated about an inch from the inferior ulcerated margin of the cavity forming the seat of the prostate gland. Dr. Bowen suggests that in this stricture we have the clue to all the phenomena observed at the bed-side and after death. Without it the case and the morbid changes are involved in obscurity. They stand alone—and we look in vain for the cause and the order of sequence—for neither tubercle nor carcinoma were concerned in the production of the malady. But with gonorrhœa every thing becomes clear. It accords with the early symptoms recorded in the history of the case, notwithstanding the man's denial of its occurrence, and the abscess of the prostate, inflammation of the bladder, ureter and kidney, very naturally succeeded in a man exposed to a seaman's life, without any, or very bad treatment at best.

If any confirmation be needed, it will be found in a paper by Mr. Hamilton, on abscess of the prostate, in a late number of the Dublin Quarterly Journal of Medical Science.

CASE 2.—*Gangrene of the Vagina and Uterus occurring in a Female of intemperate habits.*

A married woman, aged about 30 years, was admitted into the N. Y. Hospital, having been ill six days with febrile symp-

toms and nausea. She had been a very intemperate person for seven or eight years.

When seen the day after admission, decided jaundice existed, accompanied by much nausea and vomiting. The tongue was coated, the skin warm, the pulse accelerated and rather feeble. The nurse had noticed a rather pale, copious, and somewhat offensive discharge from the vagina, of which the patient could give no account, being ignorant of its existence before admission. There was tenderness over the epigastrium and hypochondriac region, and the case was regarded as inflammation of the stomach and liver, accompanied by jaundice, such as might be expected to occur in a person of intemperate habits. The patient was too feeble to bear much treatment; dry cups to the region of the liver, a blister upon the epigastrium, and the internal use of Morphine with brandy, were the principal means employed. The nausea and vomiting, however, continued, the jaundice became more intense, the patient became more restless and prostrate, and she died about the fourth day after admission. The stools, I believe, were colored by bile.

On Post-mortem examination, the stomach was quite healthy, except from a considerable thickening of the coats, and especially of the mucous membrane, as is frequently found in those who have been addicted to the use of ardent spirits. The liver also presented some slight ancient traces of adhesive inflammation, but was on the whole quite free, like the stomach, from acute disease, and but little tinged, if at all, by the biliary secretion. The brain was healthy, also the contents of the thorax.

On removing the uterus and a portion of the vagina, with the bladder and termination of the rectum, very formidable disease was discovered. The cellular tissue uniting the vagina to the surrounding parts was very much developed, being about half an inch in thickness, of a grayish ash color, very moist, but retaining a considerable degree of consistence. The vagina covering it was absolutely black, yet not ulcerated on any portion; a similar black tinge, but in a less degree, existed in the corresponding portion of the rectum. The mouth of the uterus admitted the end of the little finger. The neck was

much enlarged, presenting, externally, the black aspect of the vagina, while its substance, much developed, presented the same gray ash color of the submucous cellular tissue. The whole uterus was somewhat enlarged, but the gangrenous tendency did not extend beyond its lower half. The muscular structure of the fundus being pale and firm, apparently healthy. The lining membrane of the neck was blackish, like the vagina, while that of the fundus was of a dark bird red. There was a slight, thin, bloody fluid in the cavity of the organ. There was no appearance of the effusion of lymph, or of the secretion of pus, in any of the affected parts. The mucous membrane of the bladder corresponding to vagina, was irregularly thickened from inflammation. The ovaries were much shrivelled. An offensive gangrenous odor existed in the affected parts.—*March 27th, 1850.*

Case of Fungous Hæmatodes of the Eye—Extirpation—with remarks. By EDW'D DELAFIELD, M. D.

Dr. DELAFIELD stated that the patient from which the specimen was taken, was a man who twelve years ago came under his care for general ophthalmia, at which time the eye sunk, and he soon after recovered. Some time during the last summer he came to town again, with a fresh attack of inflammation, accompanied with intense pain in the eye. Soon after he was attacked with the prevailing epidemic (cholera), and for a short time after his recovery the eye did not appear to be inflamed. In the course of a few weeks, however, it recurred, and when he presented himself for advice, he found the lower lid inverted. Hoping that this latter condition was now the cause of the pain, he removed a portion of the lid, but without benefit. Six weeks since the eye was found to be enlarging rapidly. The lids were already separated, and a fungous mass was protruding therefrom. The sufferings of the patient were intense. The history of the case induced him to think well of the operation of extirpation, hoping that it might terminate favorably, as he had seen two cases do, in which the peculiar shining, metallic appearance of the bottom of the eye, which generally betokens fungous hæmatodes, ex-

isted. In the present case the operation was performed about a week since, in the presence of Drs. Metcalfe, Markoe, Van Buren, and others, and while the patient was under the influence of chloroform, but from the peculiar effects produced by the anæsthetic, he did not examine the orbit for any portion of the disease which may not have been detected. The quantity of chloroform used in the case was about one ounce—patient resisted for a time, but ultimately came fully under its influence. Immediately after the removal of the eye the patient gasped, and was apparently dead—there was no appearance of animation (as near as he could judge under such exciting circumstances), for four or five minutes. Artificial respiration was immediately resorted to, and in about five minutes the patient gasped—his color then began to return, and he continued to improve. Dr. D. stated that he had reported the case to the society, to show the peculiar effects of this agent—he should hesitate in using it again. He farther stated, that the parts had since showed marked and decided symptoms of a return of the original disease.

Dr. CLARK wished to know if the two cases alluded to by Dr. Delafield were both the same disease, and if fungous hæmatodes of the eye is ever cured spontaneously.

Dr. DELAFIELD knew of no difference in the cases. The metallic appearance existed in both, and is believed to be the best early diagnostic symptom of this form of malignant disease of the eye. He had seen two cases in which it existed—the eyes sunk and the patients recovered.

Dr. CLARK stated, that spontaneous cure by absorption cannot accord with the history of fungous hæmatodes in other parts of the body.

Dr. VAN BUREN remarked, that out of 160 well authenticated cases of cancer the result was, that three cases only had recovered—two by operation, and one spontaneously.

Dr. PARKER said, that Dr. Bowditch, of Boston, had reported a case of cancer of the inner canthus of the eye, and from which the diseased portion had been removed, and the patient had recovered.

Dr. DELAFIELD mentioned the case of an old gentleman 86 years of age, from which a cancerous wart on the chin had

been removed. The disease afterwards returned, involving the whole lip, face, etc., and he seemed evidently succumbing to the disease. Spontaneous cure, however, occurred, produced, as the patient supposed, by some quack nostrum he had been induced to take.—*March 27th, 1850.*

Tuberculous Deposit in the Kidneys. By THOMAS F. COCK,
M. D.

The patient from whom the specimens were taken was a woman aged 40 years. In January of the present year, she had an attack of typhus fever, from which she recovered slowly. During her convalescence, which was slow, she had cough, night sweats, etc., and dysuria was a prominent symptom. She left the Hospital, but returned again in March, with marked symptoms of pulmonary disease. She died in about two weeks after her second admission.

Post-mortem examination.—On inspection, tubercles were found in both lungs. The kidneys presented extensive tuberculous deposits—the masses projecting as from the walls of cavities, some of which were filled with softened tubercle, and others with bloody serum. Some of these deposits were half an inch in diameter, varying from that to the size of an ordinary pea. No further tuberculous deposits were found in the abdomen.—*March 27th, 1850.*

CASE 2d.—*Abscess of the Liver following operation for the relief of Hæmorrhoids.*

Martha White, aged 26, a seamstress, born in Virginia, was admitted into Bellevue Hospital, March 16th, 1850. In youth she suffered several years with intermittent fever, which ceased when she left Virginia, eight years since. Soon after coming to New-York, she began to be troubled with hæmorrhoids, and thinks she has suffered from them for seven years. In January of the present year, she entered the Hospital to be relieved from the piles, and was operated on, relieved, and discharged about the last of the month. She continued well until the 1st of March, when she was attacked with a chill in

the night, and after the chill with heat, followed by profuse perspiration. These occurred for five consecutive nights, and for the last two weeks of life she had bilious vomiting. On entering the Hospital, she complained of pain in the head and neck, and of severe pain in the right hypochondriac region. Appetite capricious; bowels disposed to be loose; pulse 96; countenance icterode; skin warm and moist. She soon became typhoid and died, March 28th.

Autopsy, 48 hours after death.—The thorax presented no lesion of interest. In the peritoneal cavity were about two quarts of dirty, yellowish serum. Recent lymph agglutinated the edges of the liver, stomach, and intestinal folds. The omentum was thickened, and highly vascular, more especially the inferior border, which was adherent to the fundus of the bladder, and to the uterus. The peritoneal coat of the small intestines was highly vascular. The spleen weighed $11\frac{3}{4}$ ounces, and was covered with recent lymph. The convex surface of the liver was covered with lymph. On the right lobe, for a space of six inches by four, the liver was of a dark green color, with distinct evidence of fluctuation beneath. About four ounces of yellowish green, thick, but glassy looking pus filled this cavity, which was lined with a false membrane. Throughout the rest of the organ, small purulent deposits were found, but not circumscribed distinctly.—*April 16th, 1850.*

Immense Exostosis of Femur; amputation at the middle of the thigh; return of disease, and subsequent amputation at the hip joint, followed by recovery. By W. H. VAN BUREN, M. D.

Dr. Van Buren exhibited the upper half of the femur of a man 43 years of age, which he had recently removed by amputation at the hip joint, presenting a specimen of a peculiar form of exostosis. Dr. Van Buren recalled to the recollection of the members that nearly two years ago he had laid before the Society a very large bony tumor, weighing some 10 or 11 pounds, involving the condyles and lower portion of the femur, which he had removed by amputation at the middle of

the thigh. The patient recovered from this operation, and enjoyed excellent health for about a year, when pain was again experienced in the stump, which was ascertained to depend upon the return of the bony growth in the remaining portion of the femur. This increased rapidly, and at length caused such excruciating agony as to render the removal of the disease absolutely necessary, which, from its extent, could only be effected by amputation at the articulation. This was accordingly done on the 21st of March, and the patient was thus *ar doin gwell*.

The specimen at present before the Society was, therefore, the remaining (upper) half of the diseased femur, the lower half of which had been formerly exhibited. It was evidently a disease of the bone of the same nature, viz. of the osteo-cartilaginous variety of exostosis, as described by Nelaton (*Elemens de Path. chirurg. Paris, 1847, t. 2, p. 3*), Cesar Hawkins (*Lect. on tumors of bones, Lond. Med. Gaz., new series, vol. 1, p. 475*), and Cruveilhier. The irregular outlines of the diseased mass resembled the spicular form of exostosis described by Astley Cooper, in his paper on exostosis, whilst its surface was covered, beneath the periosteum, by a layer of cartilage, varying from one to five or six lines in thickness, verifying accurately the description of Nelaton. The substance of the tumor is not at all dense, resembling more, within, the cancellated structure of healthy bone.

The return of the disease might lead to the suspicion of its malignant character, but its very slow growth (19 years), its painlessness, except from tension of the nervous trunks, and its anatomical characteristics, would seem to confirm its character as a simple exostosis of the variety described. The specimen first obtained has been macerated since its first exhibition to the Society, and its present appearance entirely confirms this opinion.

There is a case of bony tumor involving the lower part of the femur, resembling very closely the case now under consideration, reported by Boyer (*Traité des Mal. chirurg. t. 3, p. 598, Paris ed. 1831*), in which the disease is denominated *Osteo-sarcoma*. The patient survived eighteen years after its removal by amputation. The term osteo-sarcoma has been

applied indiscriminately to the rarer varieties of exostosis, as well as to cysts, hydatids, fibrous, cartilaginous and cancerous tumors developed in bone, and has consequently lost any pathological signification that it ever possessed; and it is probable that, as our knowledge of minute structure is increased by greater familiarity with the microscope, many other terms at present employed in surgical pathology, will also fall into disuse from the vagueness of their signification.

Cruveilhier, in the 34th *livraison* of his magnificent illustrations of morbid anatomy, pictures and describes specimens of still another variety of osteo-cartilaginous exostosis, and expresses the opinion that Boyer's case was merely another phase of the same disease.

(Plates were exhibited to the Society from the works of Cruveilhier and Boyer, illustrating the different varieties of exostosis.)—*March 27th, 1850.*

Case of Rupture of the Bladder. By — VREELAND, M. D.

Francis Smith, 40, Ireland, laborer, admitted into N. Y. Hospital March 21st, 1850, under Dr. Buck. He stated that a short time before admission, he had stopped work in order to pass his water, but just before the act he had placed his hands upon a stone window sill, that probably weighed 400 pounds, which not being securely fastened, came down upon him, and struck him across the lower part of the belly, he being at the time in a sitting position.

When admitted patient was very much prostrated, his pulse weak and irregular, and surface cold and clammy. On examination no external mark of injury existed. The abdomen was slightly tympanitic at the upper part, with some tenderness on pressure over the bladder; no unusual degree of dulness on percussion indicative of distension of the bladder existed. Patient expressed a very great desire to pass water,

NOTE. We are gratified to have it in our power to state that the patient alluded to above, who underwent amputation at the hip joint, on the 21st of March last, is at present enjoying excellent health, and pursuing his usual avocations.

AUGUST 4th, 1850.

which he was unable to do; a catheter was therefore introduced with facility, and nearly Oi of bloody urine was drawn off, a clot of blood was also found in the instrument when withdrawn. After the lapse of two hours a good degree of reaction was established, and the patient being still very desirous, and making powerful efforts to pass water, the catheter was again passed, and more than Oi of bloody urine escaped, not freely, but slowly, and at intervals, pressure over the pubis being made at the same time. It was now noticed that the instrument passed very far in, quite its whole length. Patient after this felt quite relieved.

At evening the catheter was again passed, but only a very small quantity of water escaped, about zvj . Pain on pressure about the same; tympanitis has increased.

March 22d.—Patient passed a quiet night and slept well; has passed no water and cannot. Pain on pressure has increased, as also tympanitis. Pulse irregular and weak. Catheter introduced and zij of urine, still bloody, drawn away.

Evening. Symptoms much worse, catheter passed, but no urine.

March 23d.—Patient was very restless during the night—vomiting a greenish bilious fluid; commenced breathing thoracic, hurried, and labored; no pulse at the wrist, surface cold, countenance bad, abdomen much distended by gas. Died at 12 M.

Post-mortem examination four hours after death.—Upon making the usual section of the abdomen, about two quarts of fluid escaped, which at first resembled healthy urine, but was without odor, and towards the last became mixed with pus, which was found in considerable quantity at the bottom of the cavities of the abdomen and pelvis. The intestines were a good deal reddened and without adhesion. Upon raising them out of the pelvis the bladder was seen firmly contracted, and with a large lacerated opening at its superior part, into which the finger could be passed without difficulty. *April 10th, 1850.*

Cases of Extensive Encephaloid degeneration of the Kidneys in Children. By Prof. W. PARKER, M. D.

CASE 1. The specimens exhibited by Dr. Parker were taken from a child aged three and a half years. The child one year ago last February had scarlatina. In the month of June following, the mother discovered a tumor in the left hypochondriac region. Its presence was not attended with pain or uneasiness. It increased rapidly and extended to the umbilicus. Without any derangement of general functions the child was becoming emaciated. In January last the tumor had extended from the left hypochondriac into the iliac region. About the last of February it had become so large that the entire abdomen seemed to be filled with it. The child's appetite was good and its pulse 90. The superficial vessels of the abdomen were enlarged, and much emaciation existed. A short time before death, vomiting occurred, accompanied with great thirst, which continued to the last moments of dissolution. On the 4th inst. it died.

Pos-mortem examination.—The tumor was found to consist of encephaloid degeneration of the kidney of the left side, which, on removal, weighed *five pounds and nine ounces*. The spleen had by adhesion become attached to the encephaloid mass. There were small cancerous masses in the liver. A blood-vessel was found to have ruptured, and about 10 oz. of blood were effused into the cavity of the abdomen.

CASE 2. This case was reported to the Society Dec. 3d, 1845. It was a female child, aged two years and four months. When she was ten months old it had convulsions from dentition. At the age of one year and ten months, it had the measles, from which it never entirely recovered. Two months after having the measles, the mother discovered a tumor in the right side, which increased rapidly. The child lost flesh—difficulty of voiding urine was a very constant and distressing symptom. It gradually sank, and died on the 3d of December. The diagnosis was never clearly made out.

Post-mortem examination at 10 o'clock A. M. same day.—The abdomen being opened, the tumor was found to be en-

cephaloid disease of the right kidney, which weighed five pounds, that being one-fifth of the weight of the whole body. The ureter, ascending vena cava, and emulgent vein, were filled with cancerous matter. The liver, gall-bladder, left kidney, and the other surrounding viscera, were found to be in a normal condition.

Both of the foregoing cases occurred in children of strumous habits, and the development of the disease was preceded by a constitutional and eruptive disease.—*April 10th, 1850.*

Case of Monstrous Hypertrophy of the Heart. By Dr. SMITH, of Randolph, Vt.; reported to the Society by Prof. A. CLARK, M. D.

I was first consulted, in regard to Charles Adams, when he was about five years old (*i. e.*, in May, 1825), and I learned from his mother that he had been a feeble child from his birth, and there was little prospect of rearing him to manhood. His grandmother I attended during an attack of acute rheumatism, after she had become quite aged, and his mother was subject to the same disease, in several attacks of which I attended her during the last twenty years. Thus, you see, he inherited his rheumatic diathesis. He had four distinct rheumatic fevers. In April, 1826 (when he was six years old), I was sent for, and found him bent, almost double, towards his left side, with a pillow rolled up hard, and pressed against his ribs. The position of lying over this hard pillow, seemed to be the only one in which he could find any relief, and this he had assumed from instinct or necessity.

Even in this early period of his existence I found no difficulty in determining that he had organic disease of the heart. In January, 1828 (when he was eight years old), he had another severe attack of pain in his left side, with greatly increased action of the heart, and fever, evidently rheumatic. On December 14, 1831 (when about twelve years old), he was severely attacked with rheumatic fever, accompanied with the usual symptoms of pain, swelling of the joints, etc., which required my attendance until the 18th of January following. He also required my advice and medicine in May, 1833, in

September, 1834, and February, 1835. From the 15th of April to the 14th of May, 1836 (at the age of sixteen years), he came again under my care for rheumatic fever; as in former attacks, the action of the heart was increased to a degree that made me doubtful of his recovery. From the 21st of April to the 9th of May, 1838 (then eighteen years old), I attended him again for rheumatic fever. This was as severe, and attended with as violent action of his heart, as either of his former attacks.

By referring to a letter which I wrote to Dr. Mussey, in the August following, I find what follows:

"The young man who is the bearer of this, is the one mentioned in my last, who is afflicted with organic disease of the heart. He has had the disease ever since his childhood. He has had several attacks of acute rheumatism, to which his mother and grandmother are subject. I have sent him to you rather as a *curiosity*, than with the expectation of obtaining a medical prescription. For months at a time he has been unable to do any thing. But now, during intervals of considerable length, he labors, perhaps, half as much as other young men. His heart is now comparatively in a quiet state. I have just examined it by auscultation."

From eighteen to twenty-five years old he continued to labor about half as much as other young men, had no rheumatic fever, and the heart was comparatively quiet. But at no time could a stranger apply his ear to his chest without astonishment that he could do any kind of work, or without fear that the walls of his heart and chest were about to give way and to cover the listener with his blood. In the summer of 1845 he was for some weeks disabled from labor, in consequence of over-exertion in transplanting some shade-trees. From that time he again enjoyed comparatively better health until the commencement of 1848.

About the middle of April, 1848, he called upon me to transact some business. He said he had been unwell about three weeks, and had taken some kind of purgative patent pills. He had returned from Springfield, Mass., to make preparations for removing his mother and sister to Cabotsville. While engaged in these preparations, on Tuesday, May 2d, he sent for

me—he was very ill, had taken a profuse sweat, and other domestic treatment.

He had had cough, though slight, through the winter, and some expectoration; had slept in a chamber with three to seven other men (the air in the morning very offensive). He had now difficulty of breathing, was oppressed by warm air, and could not lie down or get much sleep in any position; felt faint, thirsty, and a feeling of exhaustion in the bowels, but little or no tenderness there. His tongue was but little coated, and after the first day had no symptoms of fever.

From this time he got but little rest; took but little nourishment, and that in a liquid form. His feet became œdematous; perspiration cold and clammy. His pulse gradually failed, and on Sunday evening (the 7th) was scarcely perceptible at the wrist; yet he talked a great deal; sat on the side of the bed, and occasionally in a chair. About three o'clock on Monday morning he said he thought he should feel better to get up and walk about the room a little; he did not, however, but in about a minute, falling into the arms of his nurse, he quietly expired. Age about twenty-eight years.

Post-mortem examination.—Yesterday morning (Tuesday, May 9th), 32 hours after death, I examined his body, and found it as I expected, having had frequent opportunities of examining his chest during twenty years. About a pint of bloody serum in the chest. The heart hypertrophied, its weight over $3\frac{1}{2}$ lbs. when emptied of blood (*three pounds and a half avoirdupois*, $58\frac{1}{2}$ ounces). The pericardium adhered firmly to the heart in every part. The walls of the left ventricle were about one inch in thickness; its cavity would hold eight or ten fluid ounces. The right ventricle was not so large, nor were the walls so thick. The space occupied by the lungs was, of course, diminished by the size of the heart. The gall-bladder was very full; the liver healthy; the stomach moderately distended with fluids which he had taken with freedom. Nothing further of importance was noticed.

Dr. CLARK, on examining the specimen, stated that the mitral valve is thickened and leathery, and the margins of the aortic valves are covered with adventitious deposit. The pericardium is separating from the heart, so that in some places it

is merely united by minute threads—on all sides portions are completely separated from the heart. The case, he remarked, illustrates the fact, that when hypertrophy begins at an early age, it attains a size which an adult could scarcely carry, had it commenced at a later period.

Dr. METCALFE asked of Dr. C. the reason for believing that the pericardium had been completely attached, and was at the time of death separating.

Dr. CLARK replied, that in cases of long duration, slight attachments (similar to those in this case) are found, and in recent cases the pericardium is completely adherent; and it is now supposed to be a fact, generally in reference to inflammation of serous membranes, that after months or years the adherent serous membranes, wherever there is motion, become gradually separated.—*April 10th, 1850.*

Case of Aneurism of the Arch of the Aorta, attended by unusual symptoms. By CHARLES D. SMITH, M. D.

Nicholas Brookman, aged 36, German, stool-maker, temperate and robust, was admitted into Bellevue Hospital, April 13th, 1850: has complained of pain shooting through the chest since December, 1849; previous to that had always enjoyed good health. On admission he complained of pain in the left side of the chest, increasing on full inspiration; the respiratory murmur was weak over this side of the chest, but no abnormal sounds could be detected; chest resonant throughout, vocal resonance more strongly marked on the right than on the left infra-clavicular space; pulse 76, strong; respiration natural, countenance anxious, appetite good. At 8 o'clock, P. M., took of opium one grain; an hour afterwards was seized with dyspnœa, amounting almost to suffocation; at the same time a tumefaction was noticed over the whole of the anterior aspect of the neck, which did not entirely impede the access of air through the trachea. On examination found right side of the chest unusually resonant with bronchial respiration, and a slight pulsation beneath the clavicle; the heart's action feeble, pulse scarcely perceptible at wrist, respiration ten per minute, labored and gasping. The paroxysm lasted about

fifteen minutes: could only rest on the left side; the tumor in the neck did not disappear. He was ordered Pulv. Dover, grs. x. He rested about an hour, when he was again taken with a paroxysm of dyspnœa; this attack also lasted about fifteen minutes, soon after which he fell asleep, and passed the night very comfortably, also the next day.

April 15th, at 12 o'clock, he was seized with a third paroxysm of dyspnœa and suffocation, while his wife was visiting him. At this moment I was called to him; his agony was intense, produced by the great effort made to breathe; thinking there might be œdema of the glottis, I made an examination, but found none. Not understanding the nature of the case, and fearing from the symptoms pressure on the larynx or trachea, upon consultation I performed (with his consent) the operation of tracheotomy, but without success. Artificial respiration was tried in vain.

Post-mortem examination.—This revealed no disease of the larynx or trachea; the tissues of the neck were, however, considerably infiltrated with blood. Upon opening the thorax some few adhesions were perceptible on both sides; the right pleural cavity was completely filled with blood and serum; on removing this, a tumor was discovered at the superior and posterior part of the cavity, about the size of the heart, which proved to be the *pleura costalis* pushed out, behind which were clots of blood. In the left pleural cavity no blood was found. A further examination disclosed the presence of a tumor which proved to be an aneurism of the arch of the aorta. The aneurismal tumor adhered to the *vertebral* column on the left side, and absorption of the bodies of the third and fourth dorsal *vertebræ* had taken place. It had also extended to the right side, where it had burst, and thus its contents had passed under the pleura, and so upwards into the cellular tissue of the neck.
—*April 24th*, 1850.

ART. VIII.—*Facts and Opinions respecting Asiatic Cholera.* By
AUGUSTUS K. GARDNER, M. D.

NOTWITHSTANDING the numerous pages that have been written upon the disease which lately, in a pestilential form, ravaged our country, very little information has been given. This, it seems to me, is owing to the fact that the contributions to our medical literature, upon this disease, have been made by theorizers and as matters of speculation. The propositions and hypotheses have either been false, or proper deductions have not, as yet, been drawn from them. It seems to be high time that attention should be paid to the facts; and from sure data of this kind definite and true results may, it is hoped, be finally attained. Having had the charge of one of the most sickly quarters of this city, by virtue of a municipal appointment, during the recent epidemic, and having thus, and in other ways, had an opportunity to witness the rise and progress of this fatal malady, I have deemed it best to give my experience in the matter, and to make some very brief and general reports of some anomalies and peculiarities which have fallen under my observation. These, I think, will be of value, if they but end (as it is hoped they may) in stimulating others to do likewise.

And first, in regard to that contested question, its method of propagation. Before its prevalence here, during the summer of 1849, I was induced, by the reading which I gave the subject, to believe in contagion, or, as it may be better styled, in its "personal communicability." During the first month of the epidemic I changed my views, but have now again returned to my old belief, and am now a decided believer in the doctrine of contagion. Not that all exposed will take the complaint, but that it is also necessary to be predisposed, either by general debility or by reason of some indiscretion in eating, fatigue, &c. It would be useless to attempt to give all the steps by which this double change was made, and I will, therefore, merely give some facts which came under my personal attention.

A young lady died with cholera, in Thompson-street. A

German woman, residing the other side of the street, in a rear building, filled with her country people, several days after, washed the clothes of the deceased. In a few hours she was taken with cholera; her three children, at short intervals after, were also taken. She and two children died in the Centre-street hospital. No one else residing in the house was affected.

In Laurens-street, Mr. Fenton, a street-sweeper, one evening assisted at the bed-side of a friend, ill with cholera, in the next ward. Went to bed as usual and to work next morning. At noon was taken while at his occupation—was carried home. In about an hour after, his wife, a nervous woman, and pregnant, was taken, and they both died about midnight. The attack of Mrs. F. was so sudden, that she fell instantaneously, as all supposed, in a fainting fit. She went almost immediately into a collapse. No one in the neighborhood had been ill with this disease for about a fortnight previous.

At 73 Charlton-street, rear, in a basement, six persons died, one after another, with cholera. The first, the mother, the second, a woman who had come in to nurse her; another, a girl of twenty, who had the day or two previous come from Philadelphia, in which city there had then been little or no cholera. One other was a child boarding here; another, the mother, who had come in solely to attend to it. The neighbors shunned them, and there was no other cases in the house or yard. The disease was confined to this single room and bedrooms attached. None of those coming there had come from unhealthy districts, and there was no reason why that room should have been alone subject to the disease.

A healthy Irish girl, æt. 19, landed here the 11th August. On Tuesday she got a situation in a family where a child was sick with the cholera. Saturday following she was taken ill. In the afternoon attempted to walk to her friends, but fainted in the street. She was sent to the Hospital that evening.

At 472 Washington-street, an intemperate man died with cholera, in a rear building filled with similar people. The neighbors avoided him. The next day a man living in an adjoining room, who had assisted in the care of him, was taken ill

and sent to the Hospital. None else were affected afterwards to my knowledge.

I might mention many more cases, which, perhaps, might not be considered so strongly marked as these, but which yet affected my judgment and led me to believe in its "personal communicability."

Post-mortem examinations of the victims have shown universally a congested state of the internal organs. This state has, if not theoretically, at least practically, been considered as the cause of the disease, instead of the effect. The obsolete "liver complaint," which was the scape-goat upon which ignorant diagnosticians have formerly cast their blunders, still had to bear its load, and congestion of the liver permitted a most unfortunate practice to arise, which, in my opinion, has greatly added to the already frightful mortality of the disease. If the epidemic cholera was treated in the same manner that it would be were there but a single case, and no alarm in consequence—were it, in fact, mistaken for cholera-morbus—it would be treated far more successfully. Who, in such a case, would consider calomel by the drachm a proper antidote or preventive? Who would not give opium for simple vomiting and purging?

A second cause of the little success resulting from treatment, has been an ignorance of the character of the disease in another particular. Physicians have not known when the complaint commenced. Hearing astounding reports of the rapidity of its invasion, and the swiftness with which it finished its work, they naturally looked for a clap of thunder to show its approach. But they forgot that the salute announced its arrival, and not its coming. The incipient diarrhœa, the *avant-courier*, was neglected, and instead of keeping this Napoleon of diseases at bay by preventives, the enemy were upon them, and panic finished an almost completed work.

It would, I am convinced, be almost impossible to find a case where collapse appeared without any premonitory symptom, unless when, in rare instances, it was excited by great excess. A slight diarrhœa, of two or three days standing, has very generally been the first symptom. This is always easily stopped by a proper attention to dietetics, and by the judicious

exhibition of opium and astringents. If not checked, this continues growing more and more aggravated; the stomach sympathizes with the disordered intestinal canal, discharges its contents and its subsequent serous excretions; cramps, &c., supervene, collapse follows, and then the patient is said not to be affected with diarrhœa, nor by vomiting and purging, denominated cholera-morbus, but with malignant cholera. When did this latter disease commence?

The disease was either from its commencement epidemic cholera, or the time when cholera supervened upon diarrhœa cannot be told. This first stage, whether cholera or diarrhœa, all will allow, would be well treated by opium and astringents. Few would administer calomel in any dose, none in the large quantities of a scruple to a drachm, every one, two, three, or six hours.

The subsequent stages of the disease, to which, if properly treated, it will scarcely ever advance, are either an aggravated diarrhœa, with some new symptoms added, or cholera. If the former, the same treatment should be assiduously persevered in. If the latter, is there any reason for change? Is any thing better known? Opium is the only medicine which has any reliable efficiency in this disease. Acetate of lead, and astringents generally, are useful adjuvants; calomel I think useless in small doses, injurious in great. During the last summer, at the eruption of the cholera, I administered calomel freely, but after some six or eight weeks became convinced of its inertness or baneful influence, and afterwards relying solely upon opium as the sheet-anchor, given in powder, saved twice the proportion of similar cases, most of them, however, having broken constitutions and in collapse when seen. Recent English reports speak strongly against the use of calomel, and extol the opium practice. Nine-tenths of those who have not arrived at collapse can be cured with this drug, freely administered.

Many have had their faith in calomel increased by occasionally noticing the arrest of the vomiting subsequent to its administration. This result may be also noticed after taking various other articles into the stomach; such as ice, brandy, carbonate of soda and ammonia, tinctures of capsicum and

camphor, creosote, &c., which few think possess any great curative powers. The difficulty in the treatment is not in arresting the vomiting so much as the alvine discharges. Opium not only does this, but relieves the cramps and acts as a tonic. Neither have I seen bad results from its administration. Accustomed to give it, by pouring the powder from a bottle into a teaspoon, in from two to *ten* grains, from every hour to every four hours, I have never seen but in a single instance, narcotism produced, and in that by a drunken woman's self-administration of "cholera drops" in a state of semi-delirium.

ART. IX.—*On the different modes of Aquatic Respiration in Insects.*

By LEON DUFOUR. Translated from the *Comptes Rendus*, for the New-York Journal of Medicine, by JAMES BRYAN, M. D., Professor Institutes and Medical Jurisprudence in Philadelphia College of Medicine.

RESPIRATION in insects is either *atmospheric* or *aquatic*. But whatever may be the mode of this function, the air is always destined to circulate in canals, which ramify successively, in the trachea, in an universally vascular pulmonary tissue, which transmits it to all the viscera, to the intimate structure of all the organism for the purpose of nutrition. This is the most remarkable anatomical peculiarity, the most peculiar characteristic of insects. There is no exception to this circulation of air.

Air is inhaled either by external respiratory orifices, the *stigmata*, or by special organs, the gills, which extract it from water.

A considerable class of insects partake also with a higher order of animals, the vertebrata, the double mode of respiration, the *atmospheric* and the *aquatic*. This presents one of the numerous harmonies of creation.

And as, according to Leibnitz, nature abhors a vacuum, I should say that we have in an aquatic insect, a mode of respiration intermediate between the atmospheric and branchial. A new fact in science.

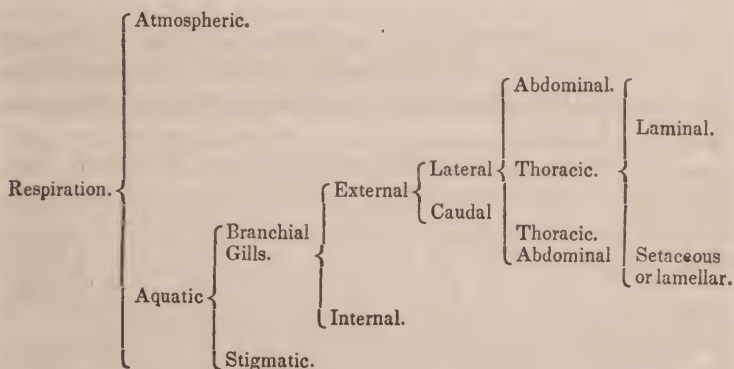
We have here another of the harmonies. As in the vertebrata, so in insects, we find species organized to live in air and water ; in a word, they are amphibious.

This is not all, there are insects which pass the first part of their

lives with a branchial respiration, and the second or adult period with an atmospheric. We have analogous organizations in batrachian reptiles.

But nature is far from being confined to the uniformity of plan to which we would restrict her. She exhibits the extent of her power and resources in the varieties of creatures, as well as in their mode of existence. The aquatic insects are not all in which a branchial respiration is found. This form of apparatus is exclusively proper, as I shall demonstrate, to certain larvæ. No insect arrives at a perfect state, to that perfection of organization, where the reproductive function exists, with a branchial respiration; at least we have but one example, that of the *Pteronarcis regalis* (Newp.), a Neurop-teric insect of North America. All others, whatever locality they inhabit, in water or on land, whatever order they may belong to, re-spire air by means of stigmata; while, among the vertebrata, the fish originate, increase, and multiply with a branchial respiration.

I will present in the following little table, the different modes of respiration, and the respiratory organs of insects :



CHAPTER I.

Aquatic Branchial Respiration.

1. *External Branchial.*—The abdominal and lateral are generally in seven pairs; in the *Sialis*, in simple threads; in different forms in the *Ephemeris*; here in rounded scales, single or double, appendiculated or not; there in ramified scales, some or multiplied: again, others in bunches reflected on the back, and double; tubular or simple, or compound, as in the *Phryganidii*, the *Nemaurii*, the *Perlii*.

All these filaments, scales, and smaller scales are enriched with trachean embroideries, which form their air-producing organs.

The caudal branchia are found in the larvæ of the Agrions. These are three oblong scales, overrun by trachean ramuscles.

2. *Internal Branchia*.—These are common to some larvæ of the Libellulii. Those of the Calopteryx form a peculiar transition type, which has not as yet been observed. One might suppose, at first view, that their three caudal scales were branchia; but they are fins or oars for swimming. The rectum is here the real receptacle of the true branchia, which consists in three membranous rachets inserted into the internal tunic of this fæcal pouch.

The great larva-nymphs of the Libellula and Alshna present us with the most complicated type, and the most perfect rectal branchia.

In much experience in autopsies of insects, I am yet much surprised at not having, until the last few years, dissected so interesting a class of larvæ; already so distinguished by the works of Réaumur, Cuvier, and Lukaw; and at being so long a stranger to the wonders of the texture of their rectal branchia secretory organs of air.

The internal surfaces of the rectum of our large larvæ are covered in the whole extent by six regular and symmetrical columns, converging to two points, forming, each one, two series of scales, imbricated and piled up.

These scales, which constitute the organ, as followed to their ultimate or elementary structure, are reduced to a net work, which is the outline of the trachéan divisions. These attach themselves by successive anastomoses of the rami to the branches, the trunks, whose *tout ensemble* forms the general aerial circulation. It is certainly easier to follow these connections, these fine vascular anastomoses, in this little animal than in man, or in the ox, and for the scalpel or the eye there is no possibility of mistake; there is, indeed, no great difficulty.

The final structure, then, in organic composition in the branchia of the insect, as in the fish, is a vascular woof, giving to the last word only its etymological or anatomical meaning. Only, in the fish it is blood, and in the insect it is air, which is confined in the vessels of this woof.

The insect and the fish have, then, branchia. Duvernoy, in his just appreciation of the respiratory apparatus in these two classes of animals, has termed that of the insect's *pneumated branchia*, an epithet which, in expressing the air-bearing function, establishes the

differential character of the branchia of the fish, which are sanguiferous.

In pursuing this parallel of the branchia, we will observe that those of the fish are placed on the sides of the head, and water submitted to their action enters the mouth; this is a hyo-branchial apparatus, according to the expression of Duvernoy. In our larvæ, the rectum is the receptacle of the branchia, and the water comes in contact with them through the anus; this is recto-branchial. Oh, sublime Organizer of the grand and the diminutive, by how many different ways dost thou obtain the same end! Well may we exclaim—*Magnus in magnis, maximus in minimis!*

I will close this account by an anatomical fact, the more interesting, that it presents the most complete analogy with what is seen in the branchia of fish. After having macerated for two days a larva, in process of dissection, to find out the mode of connection of the vessels of the branchial scale, I observed that my forceps drew, with facility, a large fold of a glassy membrane, which was evidently detached from the internal surface of the rectum. I examined carefully this membrane, and was much pleased to find to my surprise, a serial arrangement of folds, representing the free margins of the branchial scales, with all their texture. I directed my lens to the corresponding portion of the rectum denuded, and found there branchial scales, with all their anatomical attributes, but more distinct than before this decortication. I repeated the experiment and obtained the same results. In the fish, the scales and the ridges of the branchia were equally covered by a membrane furnished by the buccal mucus, as has been demonstrated by Duvernoy and Rosenthal.

I will add a few lines on the comparative physiology of this admirable apparatus. Our larva with anal branchia attracts and expels, I repeat, water through the anus. There is, then, an alternate entrance and exit of water, as there is of air in atmospheric respiration; but there is not in this double movement the same regularity or isochronism which is observed in the respiratory act of large animals. The water must remain in the rectum, to bathe the branchia, for the accomplishment of the secretion of the vital air. Inspiration and expiration are performed by means of an external apparatus, whose parts expand and contract at the will of the animal. This mechanism is termed by Réaumur, the *play of the piston*.

I proceed to state, that the branchia are carpeted, covered by the mucus of the rectum; it is this mucus, then, which, being in

direct contact with the water, operates by virtue of its vital properties, by an exquisite electric sensibility of its organic chemistry, the separation of the respirable air; it is this which filters it, transmits it, and presents it to the vascular woof of the branchial scales. Hundreds of the latter pay incessant air-tribute to the great trachean canals, which, like so many arteries, cause this vital air, which impresses the assimilating faculty to the nutritive fluid, every where driven or infiltrated, to circulate.

Let us see if in large animals, with a hyo-branchial apparatus, nature does not proceed in the same way, with slight modifications, easy to justify. What occurs in the respiratory act of fish? Have they not also branchial scales, covered with mucus of the mouth, which seek in water respirable air? Does not oxygen extracted from the surrounding water, produce in the nutritive fluid an assimilating condition? Thus far do we not find in the fish, as in the insect, the same series, the same succession of functional acts, the same physiology? Where, then, is the difference? Evidently in the existence of a vascular circulation for the fish, and in the absence of this circulation in the insect. And as nature has substituted a circulation of air for a circulation of blood, may it not follow that, anxious to maintain life in two organisms so distinct, she should conciliate the means and the end? The nutritive fluid cannot go to seek the air, the air must seek it to combine with it. Shall I be blamed for repeating to satiety this simple expression of a great truth, recognized now half a century by Cuvier? I repeat aloud, and with deep conviction, that it is true and cannot be gainsaid. Yes, in the fish, the blood circulates in the branchia, in order to be bathed in the assimilating air; in our larva, the air pushed into the branchia circulates through the whole body, to spread the benefits of this contact.

CHAPTER II.

Stigmatic-Aquatic Respiration.

I proceed to describe different modes of branchial respiration, as always found in larvæ entirely aquatic. I will now speak of a *perfect insect*, which enjoys a respiration entirely aquatic, exercised, not by branchia, but by stigmata. I have found but one little coleopterum, of scarcely a line in length, which has presented this mode of respiration well formed: it belongs to the numerous family of the *Charançonites*, it is the *Phytobius hyarophilus*, which I have lately described as a new species. The larva, the nymph in its cocoon, and the perfect living insect, are all three under water, parasites of the

branches deeply immersed, of the *Myrisphyllum spicatum*. It is in the full meaning of the term an aquatic species.

The discovery of such a *habitat* for a charançon, was a fact too new, too peculiar, not to stimulate my curiosity very highly. With the view of observing at leisure its movements, its private life, especially its mode, so original, of respiration, I placed a good number of these Phytobii in a bowl, where I imitated the conditions of their native place, and during more than a month, I kept them in sight in my office. It was necessary that I should take the greatest precaution in making these observations. Close attention and continued patience convinced me that this coleopter remained constantly submerged, even at night. I watched all its movements in order to know whether it ever came to the surface for air, as do the Hydrophiles, Dyiques, Corises, Nepes, etc. Its color, a grayish white, favored my observations. I have never seen it emerge. I have satisfied myself also that it has not the power of enveloping itself with an atmosphere of air, as is the case in many insects which inhabit water without fins. My Phytobii lived in this glass vessel with the little Dyiques, which I saw emerge often as far as their abdomen to obtain their supply of air, and with a *Parnus Dumerilii*, which presented the curious spectacle of its brilliant aquatic balloon or diving-bell.

I examined my charançon during their long periods of immovability; I carefully followed them in their gentle perambulations; I perceived them occasionally rubbing their mandibles, nibbling the *Myriophyllum*; but they did not attempt to emerge. I surprised one, one day, having lost its floating support, swimming in the water, by the agitation of its feet alone, like a dog or a horse. It did not appear to be disconcerted by what I considered an accident. Afterwards I saw, and this occurred frequently, it voluntarily throw itself on the water, either to obtain another twig which it wished, or merely for exercise, which astonished me, and its object I have not yet penetrated.

In this singular gymnastic exercise, which continued several minutes, it did not attempt to approach the surface, or to get out of its prison. Its swimming seemed to be a species of trot, and nothing indicated that it was struggling with the fear of drowning. It was evident that this active locomotion was voluntary and performed at will. It swam up and down, and around the vessel; it crossed the branches of the plant without catching on them, without touching them. This exercise appeared instinctive and a physiological necessity.

This aquatic life, which I examined with so much interest, existed with all the signs of good health. The insect appeared to be in its element, and lived according to its nature. It is a singular fact, which I considered insignificant, but which further observation has induced me to consider of importance, viz., that in its serious attitude of immobility, the *Phytobius* appeared from time to time somewhat agitated, almost convulsively, most frequently the middle feet, sometimes the others. This volatile movement seemed like St. Vitus's dance. Armed with a good lens, I carefully examined the surface of the insect, with the hope of detecting some respiratory act, but could perceive not the least atom of air.

The fact that its life is naturally spent in the water appears to me established. It reminds one also of the interesting history given by Audouin, of the *Trechus* (Bremus) *fulvescens*, a little Caralique, which submerged during a full, high tide, remained so during the rest of its life ; and of the more recent account given by Laboulbène in relation to the mode of respiration of his *Æpus Robini*, when placed in the same conditions as the *Trechus* (Bremus) of Audouin.

But the case of my *Phytobius* is quite surprising and unique. It has not, like the *Trechus*, *Parnus*, *Heteroccrus*, etc., the resource of an impervious down, a velvety tunic, which retains a quantity of air around the body, for the use of the stigmata. Its tegumentary covering does not present, to the best lens, any down. Its body, in fact, is covered by a species of scaly cuirass, serrated and impermeable, and retaining no air near its surface.

I have asked if the *Phytobius* did not possess the faculty of suspending its respiration for a length of time beyond what we usually suppose. With the least doubt in the matter still remaining, I have been dissatisfied until I could present some good physiological reason for its aquatic existence, and I have accordingly come to the following conclusion :—In these active swimming movements, as well as in these movements of its feet, air is disengaged from the water, and by these centripetal movements is driven to the stigmata, where respiration is accomplished. I will continue the investigation on insects without branchia, down, fins, or oars.

ART. X.—*Analysis of Chyle and Blood.* By M. E. MILLON. Translated from the *Comptes Rendus*, of December, 1849, with remarks for the *New-York Journal of Medicine*. By JAMES BRYAN, M. D., Professor of Institutes and Medical Jurisprudence in Philadelphia College of Medicine.

THE proportions of the elements of the blood, in its entire mass, have not yet been determined; while an analysis of the fibrin serum, and the globules which compose well nigh its entire volume, has been made; and on the other hand, as we attribute to these different principles an elementary composition, which are confounded, so to speak, with the protein substances, we are generally disposed to admit that the composition of blood differs but little from albumen.

This is a point, which a direct organic analysis, such as I propose, is calculated to clear up. As to the chyle, its composition is the object of numerous theories, and we have not, to my knowledge, any elementary analysis of it.

I have analyzed simultaneously the arterial blood and chyle of two dogs, placed under very different diets. One was fed for two days, on as much as he would take, of milk; the other consumed in the same length of time, a large quantity of fat, mixed with bread and other food.

I. *A dog fed two days on milk.*

I selected this simple regimen, because I proposed while analysing the chyle, to find out whether it would contain an excess of carbon and of hydrogen.

Indeed, if the chyle, as is stated, is the fluid in which are received and elaborated the crude materials ere they are thrown into the general circulation, this elective absorption is in the best condition to manifest itself. The absorbent vessels of the chyle, finding in milk a union of principles especially alimentary, butter, caseum and sugar of milk, should reject the caseum and the sugar of milk and absorb the butter. As to the blood, it should, after this milk diet, present a medium composition, subtracted by the influence of the special aliments; an influence which should be very obvious in the second dog, fed with an excess of fatty matters.

It would be tedious to state all the particulars of the several analyses; I will give a brief statement, and say: That the blood

contained carbon and nitrogen in the same proportion as albumen; but that it differed from albumen in containing a great excess of oxygen; so much so that the arterial blood of a dog fed for two consecutive days on milk, might be considered as albumen greatly oxygenated.

The chyle, three times less rich than blood, in organic materials, presented a composition of the same character precisely; and far from presenting an accumulation of fatty matter, it might be considered as albumen also, well oxygenated.

II. *Dog fed during two days with excess of fatty matter.*

Here the carbon and the nitrogen were also found in the proportions to form albumen; but instead of containing an excess of oxygen, the blood contained an excess of hydrogen. The arterial blood of this dog contained a much larger amount of hydrogen than that of the first. The chyle also had this character; a new analogy between the elements of the chyle and those of the blood; examined in the same dog.

This mode of analysis, which is quite new, which may be executed with a few grains of materials, should certainly be combined with other analytical methods: but it conducts to important indications to the physiologist.

Thus the arterial blood of the same animal demonstrates, under the influence of two forms of food, a decided modification. The analysis of the first blood authorizes us to seek in this fluid, besides the albuminous serosity, besides the fibrin and the material of the globules, a considerable proportion of oxygenated products, on account of which the secretions occur so full of oxygen. In the second blood, which presented an excess of hydrogen, these same products of oxydation probably existed also; but they were masked by the superabundance of fatty matter introduced with the food. If we compare the blood and the chyle taken at the same time from the same animal, we will find a great similarity in the composition of these two fluids; but it is impossible to discover in the chyle the index of the absorption of fatty matter, exercised by the chyloferous vessels in preference to other alimentary principles.

Where fat has been administered in improper quantities, both chyle and blood will indicate the *fixation* of an excess of fatty matters. This fixation—is it more decided in the chyle than in the blood, or is it the result of a general excess of fatty matter which lodges in parts appropriated to its reception? Facts incline strongly to the latter conclusion.

I send you, Mr. Editor, the above "facts" on the still dark subject of the composition of the chyle, and the effects of different kinds of foods on the blood and chyle. Could we but fairly determine the composition of these fluids, under the influence of various diets, we might decide on the value of different foods in the treatment of some forms of disease.

So very unsatisfactory are all the statements in the standard works on Physiology, in reference to these matters, that the least light thrown upon them is valuable. The experiments of Harlan, Coates, and Lawrence, of this city, showed conclusively that substances *not* nutritive may be absorbed and get into the lacteals, and consequently that medical agents may thus enter the circulation.

Yours, &c.

J. B.

PART SECOND.

CRITICAL ANALYSIS.

ART. XI. *A Practical Treatise on Inflammation of the Uterus and its Appendages, and on Ulceration of the neck of the Uterus.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians, Physician Accoucher to the Western General Dispensary, Formerly House Physician (by Concours) to the Hospitals Saint Louis, Notre Dame, De La Pitie, and La Salpetriere. Paris Second Edition, London. John Churchill, 1849.

Des Ulcerations, et des Ulceres, du Col de la Matrice et de leur traitement. Par F. L. PICHARD, Médecin de la Faculte Médecine de Paris, etc., etc. Avec 8 Planches, contenant 27 figures. Paris, 1849, 8vo., pp. 480.

On Ulcerations and Ulcers of the neck of the Uterus and their treatment. By F. L. PICHARD, etc.

Etudes sur les Maladies des Femmes qu'on observe le plus frequemment dans la Pratique. Par ALEXIS FAVROT, Docteur en médecine de la Faculté de Paris, etc., etc. Paris, 1847, 8vo. pp. 423.

Investigation of the Diseases of Women that are most frequently met with in Practice. By ALEXIS FAVROT, etc.

SECOND NOTICE.

THE views of Dr. Bennet in regard to the displacements of the uterus are not at all in accordance with most writers on female diseases. He regards them as nearly always the result of increased volume and weight of some part or other of the organ, produced by inflam-

matory action or by morbid growths. He believes that the uterus is supported and retained in situ, not so much by ligaments, as by the pressure of the surrounding organs and the contraction of the upper part of the vagina on its lower segment. In its healthy and natural condition, the uterus is very light, its average weight in a state of vacuity being only an ounce and a quarter, and it is very movable. "It is poised, not suspended, in the centre of the pelvic cavity," and sustained in its place, almost as much by the contractile vaginal walls, as by the uterine ligaments. An increase of weight in any one region of the womb would therefore depress that part. And hence, according to Dr. Bennet, prolapsus uteri is due to enlargement of the cervix, its extent depending upon the extent of the hypertrophy, the laxity of the vaginal walls, and the laxity of the uterine ligaments. Dr. Bennet does not regard retroversion of the cervix as a morbid condition of that importance which has been ascribed to it by Prof. Simpson and others, but merely as a result of inflammation. "Patients suffering from uterine inflammation, finding walking or standing painful, generally lie or recline as much as possible. In this position the uterine neck, if hypertrophied and heavy, not only falls in the vagina, but bears on the posterior vaginal wall, and in the course of time becomes retroverted, especially if the contractility of the vagina has been relaxed by inflammation." This condition is increased in married females by intercourse. Retroversion of the cervix is rarely observed in unmarried females. Inflammation and ulceration of the cervix were formerly believed to be a result of the displacement from the friction to which the cervix was exposed. But the cause was substituted for the effect. Where the displacement is not very great, a cure of the inflammatory condition of the organ is a cure of the displacement. Many symptoms have been attributed to these displacements, as pains in the back and sides, bearing down, inability to walk, with a disordered state of the general system, which really are the result of an inflammatory state of some part of the uterus. Displacements of the uterus and its neck, in whatever direction they occur, when slight, and when they have taken place gradually, do not occasion any symptoms whatever, if there is no inflammation present. It is only when the displacement is so great as to interfere with the functions of the organs compressed, that marked symptoms arise from it. These views of Dr. Bennet have been opposed by many writers on this subject, and particularly by Prof. Meigs, in his recent work on "*Females and their Diseases.*" He rejects both the anatomical and pathological views of Dr. Ben-

net on this point, ascribing to displacements, particularly to prolapsus, a very important part in producing many of the local functional and constitutional symptoms and reactions which Dr. Bennet believes due to inflammatory affections of the uterus. So, also, Prof. Simpson, and after him, many others, have given great prominence to retroversion of the uterus as a frequent and important pathological condition. We shall not stop here to argue the question at issue, as theoretical discussion will do very little towards settling it. The real value and pathological character of these displacements are yet to be determined by more extended observation, and, being susceptible of demonstration, a wide and legitimate field is here open for the ambitious investigator. We are confident, however, that all, who are practically acquainted with uterine disease, will concur with Dr. Bennet so far as this, that inflammatory enlargement of the body or the neck of the womb usually produces more or less displacement of some form or other, which almost invariably disappears, together with all morbid symptoms, after the cure of the inflammation. We are not prepared to say, neither do we understand Dr. Bennet to assert, that there are no cases of what may be termed idiopathic displacement; that is, displacement without any organic change of the uterus itself.

We shall pass over, without comment, the valuable chapter of Dr. Bennet on "syphilitic ulcerations of the neck of the uterus," because, fortunately, the subject would be of little interest to the majority of the readers of this Journal.

We commend the chapter "on the diagnosis of cancer of the uterus," to the careful study of all who are ever called upon to treat uterine disease. Dr. Bennet points out the distinction between cancer and inflammation of the uterus, which have hitherto been confounded by the ablest and most recent writers on this subject, in this chapter; a brief abstract of which we are certain will prove acceptable to our readers. He fully adopts the views of Professor Bennet of Edinburgh, embodied in his work on "Cancerous and Canceroid Growths," as to the structural formation and pathological character of these affections. After quoting from the above work an account of the anatomical structure of cancerous growths, our author proceeds to the discussion of the frequency of cancerous degenerescence of chronic inflammatory disease. He believes this to be extremely rare, for the following reasons: 1st, The structural origin of the two diseases is totally different; 2d, among many hundred cases of uterine inflammation he never has seen a single instance of

cancerous degenerescence ; 3d, he has always found cancer in an advanced and decided stage of its development. Sir Charles Clarke, Dr. Ashwell, and Dr. Montgomery, consider cancer, in its incipient stage, to be recognizable by its physical characters, and capable of arrest, and even cure, in the majority of instances.

These physical characters which distinguish cancer in its incipient, non-ulcerated stage, according to the above authors, are as follows : "A firm tumor of a rounded form, springing from the surface of the cervix, or imbedded in it, or general enlargement and hardness of the cervix ; an open gaping os, which admits the extremity of the finger, perfect freedom of the vagina from thickening or disease." (Sir Charles Clarke.) "Hard tumor of the entire cervix ; puckering and hardening of the edges of the os, and hard tumors deposited in any portion of the cervix ; a dull white or slightly gray color of the mucus membrane covering the cervix." (Dr. Ashwell.) "Margin of the os hard, slightly fissured, projecting into the vagina, and irregular ; in the situation of the muciparous glands, are felt several small, hard, and distinctly defined projections, like grains of shot, painful on pressure ; cervix slightly enlarged and harder than natural ; circumference of the os turgid, of a deep crimson color, the projecting points being blueish ; no thickening or disease of the vagina, or consolidation of the uterus to the pelvic contents." (Dr. Montgomery.) But according to Dr. Bennet, all these anatomical conditions may be produced in the neck of the uterus, and are daily produced by inflammation and puerperal laceration of its orifice. Most certainly, if they characterize incipient cancer, this formidable disease is exceedingly common, for we have often met with it and often cured it. Dr. Bennet well says, if the disease described in the extracts given above is really cancer of the neck of the uterus, "cancer in that organ must be a totally different malady to what it is in all other parts of the body. Cancer in other regions is not, most certainly, a disease which can be *nearly always arrested*, and *often cured*, by *antiphlogistic* and *alterative* treatment, even when recognized in its early stages." "The same in its secondary or ulcerated stage, why should it be different in the incipient, or non-ulcerated period ?" Dr. Bennet regards the puckering of the edges of the os, as merely a result of laceration of the os and cervix during labor, and of subsequent inflammation of the lobules into which the margin of the os and cervix is thus accidentally divided. Dr. Ashwell doubts whether the cervix is, in reality, frequently lacerated during labor, but we think the weight of evidence is against him.

We have seen no case reported where the regular fissurated and hypertrophied lobules, which constitute the puckering, existed, except in those who have had children or miscarried; a fact which strongly corroborates Dr. Bennet's opinion. We have then no physical signs by which we can, at the present day, diagnose cancer in its incipient or non-ulcerated stage of development. It probably gives rise to no symptoms sufficiently decided to induce patients to complain or to seek for advice. According to the pathology of some, all malignant developments are only results of previous inflammatory action. Duparcque, whose views on this subject have undoubtedly exerted a greater influence on the minds of the profession in this country, than any other writer, seems to regard inflammation of the uterus as frequently terminating in cancer. We have no hesitation in saying, that beyond all doubt, inflammatory induration has been frequently confounded with cancerous induration, by a large majority of those who have recently written on this subject. The diagnosis of ulcerated cancer of the cervix uteri is easy to those familiar with its characteristics. It is distinguished from inflammatory ulceration by the *irregular indurated* ridges and lobules, the induration generally extending to the contiguous portions of the vagina—by the immovability of the cervix and uterus—and by the peculiarly offensive odor of its discharges.

We shall next briefly notice the treatment of Dr. Bennet for the affections we have been considering. Simple inflammation of the mucous membrane of the cervix seldom produces such marked symptoms as to induce the patient to seek for medical aid. It no doubt frequently exists unsuspected, and subsides spontaneously. But when it extends to the deeper tissues, the cervix becomes hypertrophied and enlarged, the symptoms of uterine disease are evident, and treatment is sought for. This is almost wholly topical with Dr. Bennet, consisting in vaginal injections, hip baths, local depletion, and the use of caustics. Injections, as ordinarily made use of, are of very little service, the fluid injected rarely reaching the seat of the disease, and the quantity thrown up being so small in amount as to produce very little effect. In order to insure much benefit from their use, the patient should always take them in a recumbent posture, and even when medicated, not less than a pint should be used. Cold water, in large quantities, is not only useful as a lotion, to cleanse the parts from the morbid secretions which accumulate around the neck, but it acts also as a tonic and astringent to the relaxed mucous membrane. Medicated injections are often extremely

serviceable, either emollient, anodyne, or astringent, as the circumstances of the case require. Where there is a considerable amount of irritation or inflammation, which astringents do not allay but even increase, Dr. Bennet recommends milk and water, linseed tea, or the decoction of marsh mallows, tepid or cold. Where an anodyne is required, more powerful sedative results are obtained by injections into the rectum. Of all agents for astringent injections, Dr. Bennet prefers alum, ordinarily in the proportion of a drachm to a pint of water. On account of the difficulty of using the solution of nitrate of silver, he restricts its use to the vulva, when it is the seat of inflammation and irritation. *Hip baths*, when neither too warm nor too cold, he has found of decided benefit in the treatment of uterine inflammation. When the temperature is too high, they do harm by drawing blood to the pelvis, and when too low, by depressing too much, which is apt to be followed by violent reaction. *Local depletion*, by means of leeches or scarification, is very efficacious in subduing inflammatory disease of the uterus, as in the external regions of the body. It is not, however, absolutely essential for the cure of these cases. After menstruation, the local abstraction of blood by one or the other of these methods, modifies that periodical congestion "which so much aggravates the sufferings of patients, and so greatly retards their recovery." Dr. Bennet prefers leeches, when circumstances will admit of their use, as a sufficient quantity of blood is more easily abstracted by their means than by scarification. The following extract will show that he is no advocate for excess in the use of this means:—"Indeed, there is much greater reason to fear that local depletion will be abused, now that it is becoming generally adopted in the treatment of these diseases, than that it will be neglected. I am continually seeing cases in which, in my opinion, it is or has been carried very much too far, and in which the constitution of the patient has been greatly weakened by the repeated abstraction of blood. This is an error the more to be guarded against, as the frequent repetition of local depletion does not remove nutritive hypertrophy of the neck of the uterus, or cure ulceration." In our own practice, we have been compelled, from the circumstances of a large proportion of our patients, to rely chiefly upon scarification for the local abstraction of blood, and we have found no difficulty in obtaining sufficient for our purpose. Leeches have been objected to by many, Lisfranc among others, on the ground that they increase the congestion of the parts to which they are applied, that the bites degenerate easily and quickly into ulcers, and that they may cause

fatal hemorrhage. Experience, however, has shown that these objections are fanciful rather than practical. When the cervix is inflamed and ulcerated, and the os is open, an objection to the use of leeches does exist; in the danger of their attaching themselves to the internal cavity of the cervix, which being acutely sensitive, gives rise to most intense and agonizing pains—an accident which not unfrequently happens where leeches are resorted to.

In the cure of inflammation of the mucous membrane of the cervix, no one means acts so promptly and so efficiently as *cauterization* with the nitrate of silver. In ordinary cases, where no ulceration exists, this is the only agent required for cauterization. But where pseudo-membranous patches exist on the cervix, and in some cases where the inflammation extends into the cervical cavity, more powerful caustics are required, as the acid nitrate of mercury. In the treatment of ulcerative inflammation, the whole subject may be concisely stated in the words of Dr. Bennet. "We must first subdue subacute inflammatory action by emollients, depletion and astringents, and then modify by direct stimulation the diseased surface, so as to substitute healthy reparative inflammation for morbid ulcerative inflammation." In the accomplishment of the first indication, we have already alluded to the agents required. The second end is obtained by the use of caustics, of varied strength, according to the nature and extent of the disease, its chronicity, and the effects obtained. Dr. Bennet says, "Although, as I have stated, these principles apply to ulcerative inflammation in any region of the body, it is more especially in the treatment of ulceration existing on the mucous surfaces at the various openings of the body, that they are exemplified. Thus it is that we find cauterization to be the principal resources in all ulcerations of the nares, mouth, fauces, and arms, as well as in those of the external organs of generation, both of the male and the female. In all these situations, cauterization presents an additional advantage to those which it offers on a free ulcerated surface. The eschar which forms on the ulcerated surface protects it efficiently from the contact of the various fluids excreted through, and secreted by the organ, the mucous membrane of which is attacked, and thus allows the process of reparation to take place undisturbed."

The work of M. Pichard, the title of which we have placed at the head of this article, is a union of two memoirs, previously published, "on ulcerations and ulcers of the neck of the uterus." The design of the first was to demonstrate that cauterization, as a general

method of treatment, is not well founded, either in theory or practice ; of the second, to point out and describe those therapeutic agents, both internal and external, the value of which, according to him, has been fully established by experience. M. Pichard admits, that under certain rare circumstances, cauterization is both proper and necessary. These are the following :—1st. When an indolent ulceration of long standing is covered with an albuminous exudation, a sort of pultaceous false membrane, it is necessary, in order to destroy the abnormal or accidental product, and to denude the diseased surface. 2d. When the ulceration presents a kind of soft and bleeding elevation, its surface being raised above the level of the surrounding parts, that is, where the granulations are too exuberant, cauterization is necessary “to restore the affection to a state of simple erosion.” 3d. When an ulceration is indolent, and resists all other treatment. The treatment which he generally would adopt for ulceration of the cervix, is repeated bleedings from the arm, local depletion, cataplasms *in the vagina*, emollient and narcotic injections, local baths, absolute repose, severe diet, mucilaginous drinks, and such constitutional remedies as the individual case may require. He asserts, “That cauterization, as recommended by many practitioners, in the treatment of ulcerations of the uterus, is irrational, anatomically, because the texture of the uterus, eminently vascular, should lead us to apprehend excessive reaction, and organic degenerescence of the elementary tissues ; etiologically, because it fulfils no indication whatever that arises from an exact appreciation of the different causes under the influence of which uterine ulcerations are developed ; practically, because experience has shown that a great number of ulcerations resist its influence, and are cured when cauterization is suspended, while on the other hand, it would be easy to prove that those in which the cure is attributed to it, get well in spite of it, instead of by its use.” We will not insult the common sense of our readers by any discussion of the above assertions, and merely quote them as curious specimens of the “advance backwards” in medical literature. Those practically familiar with uterine disease, *know* the truth of Dr. Bennet’s assertion, that “the progress of inflammation and ulceration is, generally speaking, at once arrested by cauterization. The congestion and redness of the cervix diminish visibly, the granulations become smaller and healthier, the escape of blood is stopped, and the purulent secretion becomes laudable pus, if it has not presented it before. When cauterization is suspended, the ulceration generally remains stationary for a time ; but if left entirely to

itself, it is nearly certain to relapse, after a variable period, however advanced the healing process may have previously been." Whatever agent is used in cauterization very little pain is produced. As the ulceration progresses towards a cure, it becomes more sensitive, and on this account patients are apt to fear that their condition is not improved by treatment, as the pain from cauterization becomes greater. The agents which are used for cauterization of the cervix, are principally the nitrate of silver, the mineral acids, particularly the acid nitrate of mercury, potassa fusa, and the potassa cum calce, and the actual cautery. The nitrate of silver is now generally employed, and more frequently applicable than all the others. It produces on the ulcerated surface a thin eschar, which ordinarily falls off about the fourth day. The surface is at first left red, irritable, and bleeding, but on the next day the irritability and tendency to bleed disappear. The application should be repeated on the fifth or sixth day, a sufficient number of times until cicatrization be effected, which will generally take place in a few weeks, if the ulceration is small and recent. But where the ulceration is covered with fungous, livid granulations, more powerful caustics are required to modify the vitality of the diseased surface, so as to produce cicatrization. For this purpose, the acid nitrate of mercury is preferred by a majority of the French pathologists, and also by Dr. Bennet. It produces a white eschar, which generally falls piecemeal about the sixth day, and its beneficial effect is fully obtained about the eighth day. Dr. Bennet advises, and we believe the advice to be good, that a fortnight should be allowed to elapse between two cauterizations, the nitrate of silver being used in the interim. Great care should be used in its application; indeed, we think, no one ought to attempt it, who is not accustomed to instrumental examinations and familiar with uterine disease. We are tempted to quote in full Dr. Bennet's method of using it, but all who propose to use it should have his work. We are certain, from experience, that it can be used with perfect safety, and with very great benefit, but in three instances, we have seen very unpleasant effects in the practice of others, from its injudicious application. Great attention is requisite in order to circumscribe its action to the part desired. In some cases, in order to effect a radical cure, it is necessary to resort to still more powerful agents—the hypertrophy still remains, and the ulceration imperfectly cicatrizes. The agents in use for this purpose are the potassa cum calce, the potassa fusa, and the actual cautery. Dr. Bennet gives the preference to cylinders of potassa cum calce, which

he has prepared similar to those of nitrate of silver. He makes use of cylinders of three different sizes, the middle size is that of the nitrate of silver cylinder, the largest is about twice as large, and the smallest considerably smaller. The eschar produced is of a grayish black color, which gradually melts away, leaving a healthy, granulating surface. The depth of the eschar is proportioned to the extent in which the tissues have been destroyed. Its separation is frequently attended with hemorrhage about the fifth day, but this is easily controlled by cold, astringent, vaginal injections. The actual cautery produces the same results as those furnished by potassa and its combinations with lime. Dr. Bennet believes that the effects of the two methods are identical. We have never made use of the potassa in any form. We prefer the actual cautery, because it is infinitely more convenient. We have resorted to it in many cases, and have yet to discover a single objection to its use. We have had no difficulty in overcoming the dread of its application, by informing our patients that it is attended with no pain. In our experience its application has been dreaded less than the first instrumental examination, neither have we ever seen the slightest unpleasant consequence result from its use. Dr. Bennet having made use of both means, prefers the potassa, but solely on the ground that it excites less alarm in the minds of patients.

After the ulceration has been perfectly cured by the above means, hypertrophy and induration often remains, and so far as the feelings of the patient are concerned, there is very little apparent improvement in her symptoms. Generally this condition can be entirely removed by means of injections, hip baths, local depletions, and superficial cauterizations. But if these means fail, we have a resource both prompt and efficacious, in deep cauterization. This should be resorted to, not for the purpose of destroying the hypertrophy and induration, but in order to set up a healthy reparative action in place of a morbid one. The issue or eschar made, should be of small size, in the centre of the hypertrophied region. An artificial ulceration is thus produced, which, unlike the morbid ulcerations of the uterine neck, always has a tendency to heal of itself.

We think the following caution from Dr. Bennet well worth quoting in full:—"It cannot be denied, that cauterization of the cervix, as above described, and especially deep cauterization, is an operation, and like all operations, surrounded with danger. It must not, therefore, be either injudiciously resorted to, or carelessly carried out. Although my own practice has hitherto been free, or all but

free, from serious accidents, the same immunity cannot always be expected. Indeed, I learnt recently from M. Gendrin, that within the last few years he has had several cases of acute metritis, and of abscess in the lateral ligaments, the evident and immediate results of deep cauterization. But he also tells me, that he has seen the same results follow the use of nitrate of silver, and of injections; and I may mention that the two most severe instances of acute metritis that I have myself witnessed for some time, in the unimpregnated womb, occurred after the use of weak, astringent, vaginal injections. It is clear from what precedes, that no surgical interference with the womb, however simple, is absolutely free from some slight risk. No such means of treatment, therefore, should be resorted to unless rendered necessary by the state of the patient, but at the same time we should not shrink from resorting to those remedial agencies which experience teaches us to be the most efficacious. We must bear in mind, that in order to restore to health a person suffering from severe disease, which can only be removed by surgical treatment, generally speaking there is considerable risk and danger to be encountered; whereas, in the surgical treatment of uterine disease, the risk is so slight that it scarcely deserves to be taken into consideration."

The limits of this paper forbid an examination of Dr. Bennet's remarks relative to the treatment of the various symptoms which attend inflammatory disease of the cervix. Our readers will have already inferred that we regard his labors as of very great value. It is perfectly refreshing, in this day of book-making, to find a work which is not a mere gathering together of the fruits of others' labor, but the carefully recorded results of an accurate and conscientious observer. His views are bitterly opposed by many, as is uniformly the case with all that is advanced as new and valuable in science, but we are confident that in the main they will stand the test of future experience. In the *Foreign Retrospect* of the last number of this *Journal*, is an extract from a paper read before the Westminister Medical Society by Dr. Tyler Smith, "on the alleged frequency of ulceration of the os and cervix uteri," and speculum practice, on which we had designed to make some comments in the course of this article. But we have since met with a reply from Dr. Bennet, which leaves little to be said. We will only say of Dr. Smith's paper, that it strikes us as excessively absurd, that a man who has gravely proposed and attempted the catheterism of the fallopian tubes as a cure for sterility, should denounce the speculum as derogatory to the dignity and respectability of the profession.

The work of M. Favrot is a mere compilation of what has been already known of some affections of the genital organs of females. A careful perusal has not left the impression that his labors have added to the knowledge of the profession, either as to the pathology or the treatment of this class of diseases. The effort certainly exhibits a creditable ambition, and his task is respectably accomplished. It is dedicated to "à mon père," "his first master," who, we think, may be more gratified with the token of his filial affection, than the proof of his pupil's talents. On the whole, as regards both of the French works, they would do little towards gratifying a translator's ambition of authorship, to have his name joined to their Anglicised title, as it would hardly be worth the while for a *poor* physician to purchase them, and a good one does not need them.

B. F. B.

BIBLIOGRAPHICAL NOTICES.

ART. XII. *Ship Fever, so called ; its History, Nature, and best Treatment.* The Fiske fund Prize Dissertation for 1849. By HENRY GRAFTON CLARK, M. D., Member of the Boston Society for Medical Improvement. Boston: Ticknor, Reed & Fields. 1850. 8vo. pp. 48.

Report of the Committee of Internal Health on the Cholera in Boston, Together with a Report of the City Physician of the Cholera Hospital. Boston: 1849. 8vo. pp. 182.

BOTH of the above works are from the pen of Dr. Clark, and contain some of the observations made in, as well as the results deduced from, Hospital practice. The essay on Ship Fever obtained the prize offered by the Rhode Island Medical Society, for 1849, who have in trust the Fiske prize fund ; it is printed by order of the Society, and is the result of Dr. Clark's observations made at Deer Island Hospital, Boston harbor ; a hospital devoted to the reception of emigrants, and containing about three hundred beds.

Our author commences his essay by declaring that the disease which recently prevailed to so great an extent "on board emigrant ships, in the quarantine hospitals, and among emigrants newly arrived from

Europe, is interesting and peculiar. It is very clearly different from any fever which has hitherto been known in this country." Again, a little farther on, he states :

It is in the opinion of the writer, under the various titles of Jail, Hospital or Camp Fever,* Putrid Malignant Fever,† Putrid Continual Fever,‡ Petechial Fever,|| Febris Cancerum,§ Maculated Typhus, and English or Irish Typhus, the identical disease known recently and popularly, under the name of the SHIP FEVER.

He asserts, in broad terms, the non-identity of typhoid and typhus fever, and enters into a somewhat elaborate argument to show their characteristic differences. The following is his enumeration of the "leading points in which the typhoid and typhus fevers differ from each other."

Typhoid fever is slow and insidious in its attack ; often of unknown origin ; only contagious in a modified degree, and under certain circumstances ; not infectious ; there is generally diarrhœa, and often hemorrhage from the bowels ; epistaxis ; its diagnostic *tâche*, consisting of a sparsely scattered pink eruption, is chiefly confined to the abdomen and lower part of the chest, and *disappears* on pressure. The duration of the disease is from two to twelve weeks ; the average being about three weeks. An ulceration or inflammation of Peyer's glands is *always found* on post-mortem examination. It attacks subjects in *all conditions* of life, and is *not* prevented by any attention to cleanliness and ventilation.

Typhus fever, on the other hand, is of sudden and violent access, often seizing the patient *instantly* upon his exposure to the exciting cause ; it originates from well known causes ; is confined to those exposed to contagion from the sick, or from exposure in a bad atmosphere, and filthy and badly situated tenements, crowded with animal exhalations ;—it is infectious ;—and in a majority of cases is unaccompanied with diarrhœa.¶ The eruption is very abundant, often being sprinkled over the trunk, head, and limbs. It is of dirty red color, does not disappear on pressure, and frequently, as the disease progresses, becomes of a dark brown, which sometimes remains even after death. The eyes are dull and suffused. The duration of the fever is about fourteen days. There is *no* inflammation of Peyer's or Brunner's glands ; although, at the same time, the whole neighboring intestine is often seriously affected.

Finally, the secondary affections of the absorbent system, and the peculiar ulceration of the large intestines (the cause of a most fatal hemorrhagic diarrhœa), are worthy of especial notice as common sequelæ to Ship Fever. They do not occur in typhoid fever.**

* Howard and Pringle. † Huxham. ‡ Dr. MacBride. || Dr. Darwin.

§ Drs. Cullen and Vaughn.

¶ This applies, of course, only to the acute form of the disease.

** Dr. Gerhard's "Researches on Fever" contains an elaborate argument on this subject.

In fact, the distinctions must be so obvious that the diagnosis of a well marked case ought never to be doubtful.

Again our author reports three cases which he examined post-mortem—which cases are cited as illustrating the truth of the positions he has taken—in each of which no ulceration of Peyer's gland existed. From these cases and the results of his experience he says :

It must then be considered as established, that ulceration of the small intestines does not take place in the acute form of typhus ; but that the diarrhœa which happens as a sequel to it, depends upon ulceration, hypertrophy, or inflammation of the ileum, cæcum, or colon. *Peyer's glands are usually unaffected in any form of ship fever.*

It is not our intention to enter into the discussion of this subject on the present occasion, for our space will not admit of it, however much we might feel inclined so to do. There is, it appears to us, in this monograph of Dr. Clark, at least the appearance of haste in his declarations, as may be instanced in the following :

We have remarked that the two diseases have been, and are likely to be, confounded with each other. By whom ? Certainly not by those whose experience has shown them *both diseases*, or who have ever interrogated the truthful pages of nature.

Now we will venture the assertion that there are many in the country who have held to the same opinions that our author holds ; and who have “interrogated the truthful pages of nature,” and have from “the adoption of the French method of observation,” been forced to believe in their identity. In this city we know this to be the case. And the able Chairman of the Committee on Practical Medicine, appointed by the American Medical Association, for the year 1848, after going over the whole field, and noticing the experience of the physicians of this city, in hospital and private practice, as deduced from bed-side and dead-house examinations, thus sums up the matter : “In view of the facts which have been stated, it seems to the Committee that no reasonable doubt can remain that typhus and typhoid fevers are identical.” The following from the same report contains so much of the results of the experience of our physicians, that we cannot refrain from copying it :

The post-mortem examinations made at the New-York Hospitals, during the last year, might be deemed sufficient, apart from all other testimony, to establish the identity of typhus and typhoid fever. In the cases of ship fever, a pure form of typhus, a disease unquestion-

ably originating in every instance from the same poison, follicular disease of the intestines was found after death in some cases, and not in others. Dr. Stone tells us, in the *New-York Annalist*,* that, in four weeks, ending May 12th, 1847, there were admitted into the Bellevue Hospital about four hundred and sixty-six cases, sick of typhus; and he says that "the most constant anatomical lesion which I have found in the examination of about twenty-five of those who have died, is an enlargement and softening of the spleen. Peyer's glands were found more or less diseased in about one-fourth of these cases, and the heart more or less softened in a somewhat larger proportion." The same gentleman, in another communication, published in the *New-York Journal of Medicine*,† relating to the same fever, gives the following among his other conclusions, drawn from observations of the disease in New-York and New England: "That typhus and typhoid fever, so called, are identical." Professor Clark, in illustrating the morbid anatomy of typhus, at a meeting of the New-York Pathological Society, Feb. 33, 1848, stated, in reference to a particular hospital case, that "the usual old typhoid lesion affected the intestines with the common appearance of the present epidemic." "This case," he said, "allies the present epidemic with the typhoid fever."‡ At a meeting of the same society, held March 8, 1848, Dr. Swett made the following interesting statement. He said "that fever had occurred at the Bloomingdale Lunatic Asylum, carried thither by an insane emigrant, and fifteen persons had been attacked with it. Nine or ten had come to the hospital, and two had been examined post-mortem. In the first there were no lesions of any kind: in the second, there were ulcerations of the small intestines." "Where the ulcers existed, instead of attacking Peyer's glands in the middle, they attacked the edges, extending two or three feet up the intestine, and then disappearing. Some had cicatrized, and some were cicatrizing. Both cases originating from ship fever in a very cleanly and healthy set of men; so that it seems as if the same poison might communicate to one ulceration, and to the other none." Dr. Swett ingenuously added, "that his belief in the non-identity of the diseases lessened daily, and he could not discriminate between cases presenting intestinal lesions (typhoid), and those which did not (typhus)."

|| Dr. Griscom, one of the physicians of the New-York Hospital, states, that in ten autopsies of patients dying of ship fever in that Institution, in July, August, and September, 1847, six presented follicular disease of the intestines. Peyer's plates were prominent in four, and ulcerated in two. Facts of this kind are so frequently observed in the New-York Hospitals that they have, in a measure, ceased to attract the attention of many physicians once deeply interested in their investigation, in reference to the question of the identity of typhus and typhoid fever.

* Vol. i. p. 383, No. for May 15, 1847.

† Vol. x. p. 176, No. for March, 1848. ‡ *Annalist*, Vol. ii. p. 249.

|| *Annalist*, vol. ii. p. 265, No. for April 15, 1848.

The report on Cholera reflects great credit upon all concerned in its production. It contains a very full account of all points of interest connected with the recent epidemic in the city of Boston. It breathes the spirit of the non-contagious character of the disease. The following is a summary of the results of treatment :

Narcotics totally failed of any beneficial effect. Opium in no case, either single or combined, arrested the vomiting or purging, and it was often thought to hasten the fatal termination. *Camphor* always failed except perhaps to relieve the cramps, which it was sometimes thought to do. In two patients, to whom it was exhibited, the whole surface became before death very dark, and the lips actually black. In these cases narcotism was very evident.

Stimulants almost always failed. To some patients brandy and water was freely given. Three of these recovered after a severe secondary fever. Very few were relieved at all, and almost every patient treated in this way had secondary fever. The same may be said of the various preparations of ammonia, of the astringent stimulants, of coffee and of tea. Those who drank freely of strong coffee and tea, and had no other treatment except external heat, died early.

Electricity failed entirely.

Emetics. The usual emetic dose was ipecac : and capsicum in powder, about forty grains to a drachm each. This was always exhibited in the early cases, and at least with temporary benefit. The pulse, which was often gone, returned at the wrist, and with it, the warmth of surface. How much our omission of this treatment, if any thing, had to do with the greater mortality in later cases, we are unable to say.

Calomel was given alone, in large doses, in a few cases. We could not perceive that it had any effect. It has been said, that if you ever give a Cholera patient a mercurial sore mouth, he will recover. This is undoubtedly true, and is equivalent to saying, that if a patient lives long enough, he will get well.

Quinia, in the form of sulphate, was used in a very few cases. We are not positive that these patients died any sooner than others : none of them recovered. The drug was administered in five, ten, and twenty grain doses.

Tannic acid was frequently used in enemata, in proportions of five or six grains to the ounce of fluid, and almost always with temporary relief of the purging. By the stomach, in doses of two or three grains, it sometimes appeared to check vomiting.

The astringents and aromatics had usually but little effect. *Ginger* was almost always immediately rejected, in whatever form used. *Cinnamon* in tincture fared but little better. The aromatic powder of the United States Dispensary was oftener retained. But upon none of these drugs do we place any reliance.

Ether could be given in large enough doses by inhalation to relieve the cramps ; but we are not aware that any patient recovered, who used it to this extent, or that others were benefited by it.

Cathartics were never used until the dangerous period was supposed to have passed. *Elaterium* was suggested by one of the consulting physicians, as possibly having the power to set up a new action. It was administered in one instance, but without any apparent effect.

Venous injection. Several solutions of alkaline salts were injected into the veins, as recommended by Dr. Stevens, of the West Indies, and in one or two cases simple warm water was injected. One patient, the first one upon whom this treatment was tried, after he had become apparently moribund, lived and appeared well for two days; but the secretion of urine never returned, and he died comatose. In one or two other cases there was temporary relief, but death invariably followed shortly after. We were not inclined to make new trials of this mode of treatment after the first six weeks of the epidemic.

External heat was freely applied, by mustard, hot sand, hot bottles, and dry heat from a furnace; but generally after collapse was marked, none of these had any other effect than to annoy and irritate the patients. Those patients who could be induced to remain covered with blankets fared the best; with or without other artificial heat. Those who were restless and threw off the clothing, invariably died. On this account the bed-strap was sometimes used with advantage; and we can but regret, that, notwithstanding the apparent cruelty of confining the limbs of a sick man, it was not oftener applied.

Drinks, of whatever nature, were useless. Those who drank the least, vomited and purged the least. The call was always for cold water. When taken in quantities of more than a teaspoonful, it was speedily rejected. A draught of half a pint was sure to be followed by the ejection of a pint and a half. Those patients to whom drink was steadily refused, neither vomited nor purged freely afterwards, often not at all. They more speedily grew warm, and those who for an hour were kept closely enveloped in blankets, took no medicine, and got no drink, suffered the least, and were the most likely to recover.

Hot baths were painful to the patient, and they generally sank speedily after their use. *Cold sponge baths* were more grateful, and even during collapse they seemed for a short time to revive the patients. Bladders of ice to the head, and the *cold affusion*, were resorted to advantageously, in cases of violent delirium.

The wet sheet (packing, so called) was tried faithfully, but every patient upon whom it was tried, died. Reaction did not take place in any one of them, and we soon ceased to resort to it. Our experience is against the free exhibition of water either within or without.

Bleeding by the lancet and by cups, was several times resorted to. In that stage of the disease before the cramps have gone off, great relief was experienced from the lancet. Later, like other remedies, it was of little avail, though we cannot say that the life of any patient was shortened by it. An absent pulse sometimes re-

turned, during bleeding, and several patients dated their relief from the opening of the vein. Several who were collapsed are among these, and two of the male nurses are examples of its innocuousness, at least. The opening of a vein was never followed by a stream of blood, but sometimes, by kneading and rubbing the limb, a thick, tarry blood was expressed, which was followed after an ounce or two was drawn, by more fluid blood. In such cases the heart which was always beating strongly, lost its excessive action, the pulse returned, the cramps, if they existed, disappeared, and the patient, if inclined to recovery, speedily rallied, and if inclined to die, was relieved of those terrible cramps, which no one can imagine till he has seen them. Of bleeding, in an early stage of the disease, we are inclined to speak quite favorably, though not with so much enthusiasm, as many East Indian surgeons do. The extraction of blood from the nape of the neck by cups was, in a few cases, useful.

Kreosote was used at first in many cases. It sometimes seemed to relieve the vomiting, but of its power to do this we cannot speak so favorably as of the

Wood naphtha. In no case, and there were many in which this was administered, did it fail, after the second or third dose, to relieve the vomiting perfectly. It was given in various doses, clear, from twenty minims to a drachm. Even, in cases which ultimately proved fatal, we were perfectly satisfied of the power of this drug to check vomiting speedily.

Much benefit was thought to be derived from the exhibition of *saline medicines*. Stevens's mixture of the chlorate of potash, in solution, with the hydrochlorate and bicarbonate of soda, was the form in which salines were usually given. We used larger doses of the chlorate generally than Stevens recommends, but are not able to say that this was an advantage.

The following is a somewhat lengthy summary of the post-mortem observations recorded. Its intrinsic value induces us to extract it for our readers.

The whole number of recorded autopsies was 33. Of these subjects 12 were males and 21 females. The large majority were adults. The youngest was 8, the oldest 60 years of age. Several of the females presented signs of recent menstruation. One was in the 8th month of pregnancy. In 15 cases, there were marks of previous disease; mostly tubercular deposits, peritoneal adhesions, fibrous tumors of the uterus, &c., &c. In this list, however, are not included such alterations as old pleuratic adhesions and simple ovarian cysts; these lesions being every where so frequently met with. In five cases only, was there any previous disease, in an active condition; viz., two of pulmonary phthisis, one of tubercular pleurisy, one of cirrhosis of the liver, and one of a fibrous tumor of the uterus, which had induced redness and softening of part of the uterine substance.

Rigor mortis was established in every instance. In one case it was slight, and in a few unusually strong; generally, neither deficient nor excessive.

Besides those already mentioned, several other points deserve particular attention.

I. *Blood*. The blood was not so much altered, in its gross appearances, as might have been expected from previous accounts. It has been represented as quite fluid and destitute of coagula. In point of fact the coagulum was, as a general rule, remarkably deficient in quantity or consistency, or both; but, not by any means, universally. In two cases, the coagulum in the heart was unusually abundant, and of firm consistency;—in eight, it was moderate in amount, and of natural firmness; and, in twenty, it was “small,” “trifling,” or “insignificant” in quantity, and loose, gelatinous, or semifluid. In three cases, only, was it entirely wanting. Coagula, however, often existed in the heart, when they were not to be found in any other part of the body.

The consistency of the fluid part of the blood after death varied considerably. In some cases no remarkable alteration was observed; in some, it was recorded as natural;—and, in two or three, it was unusually thin and fluid. In fifteen cases it was more or less thick and tarry, either throughout the system, or in particular situations. For, what was sufficiently remarkable, the consistency of the blood often varied in different vessels in the same subject. Thus in the case of Sarah Hill, the blood in the left cavities of the heart was thick, but that in the right cavities, thin. So, in the case of Andrew Patterson, the right cavities of the heart contained “fluid blood of natural consistency,” but that in the left auricle and pulmonary veins was “dark and thickish.” In the case of Mary Ann Maran, the blood in the vessels of the neck was observed to be thinner than that in the heart.

No constant relation was found to exist between the consistency of the coagula, and the length of time the patient had been ill.

It will be noticed, in the case of Catharine Hurley, who died pregnant, that the coagulum in the heart of the *fœtus* was of moderate consistency, while that of the mother was “very black and soft.”

In five cases, there was a dusky red staining of the endo-cardium, or some of the lining membrane of the vessels, owing to the solution of the blood globules, and consequent imbibition of the coloring matter. This took place occasionally, in certain situations, while the remainder of the vascular membrane was free from alteration. Thus the “right cavities of the heart, and the heart, and the veins throughout the chest, were stained of a deep red color;”—while the “left cavities were natural.” (Case of Calvin Castleman.) The “lining membrane of the *venæ cavæ*, and of both right cavities of the heart, was stained of a purplish red; that of the left auricle, quite white and healthy; that of the left ventricle, slightly stained in some parts.” (Case of Manus McCarty.) This process had ap-

parently some connection with the consistency of the blood; though not, perhaps, precisely that which we should expect; the staining sometimes being most strongly marked when the blood was thickest. Thus, in the case of Margaret Ince, the "aorta was stained dull red in its thoracic portion, where it contained dark fluid blood. In the lumbar region it contained some dark brownish and slate-colored blood, almost as thick as putty; and at this spot the walls were stained of a corresponding dusky red and slate color. Below this the internal surface was natural."

II. In fourteen cases, *Ecchymoses* were observed in various situations;—mostly on the pericardium and external surface of the heart, or internally, immediately beneath the endocardium:—occasionally in the cellular tissue of the lungs, on the surface of the kidney, and between the lobules of the pancreas.

III. *The Brain* was almost universally natural in color, vascularity, and consistency. In three cases only was there any appreciable softening of the cerebral substance, and in three, some bloody engorgement;—viz., in one case, of the hemispheres generally; in one, of their superficial parts; and in one, of the lining membrane of the ventricles. The effusion of clear or reddish fluid into the arachnoid cavity, among the meshes of the pia-mater, and into the lateral ventricles, was a much more common occurrence. This, however, was moderate in amount:—the fluid in the ventricles varying from a few drops to two drachms. In three cases, only, was the quantity of fluid in the ventricles considerable;—in one, these cavities were said to be "filled" with fluid; in another the quantity was estimated at one ounce.

The most remarkable circumstance noticed in the head, was the presence of a quantity of dark, thick, bloody fluid in the arachnoid cavity, over the posterior part of the convexities of the hemispheres, just sufficient to smear the arachnoid surfaces; the arachnoid itself remaining, at the same time, quite natural. This appearance presented itself in fifteen cases. When first observed, it was so remarkable and unexpected, that it was thought the blood might have escaped accidentally from ruptured vessels, through some carelessness in separating the skull from the dura-mater;—but it occurred so frequently afterward, and always in the same situation, as to leave no doubt that it was a true morbid appearance, and a consequence of the disease. Considering its constant situation at the most dependent parts of the brain, and the fact that the arachnoid membrane itself always retained its natural transparent and polished aspect, this appearance seemed to be, in all probability, rather a post-mortem transudation, owing to the peculiar condition of the blood, than any effusion which had taken place during life. Pains were taken to determine this point in the case of Margaret Flarnegan. This patient lay upon her back until the moment of death. The body was then immediately turned upon its left side, and kept in that position, till the autopsy, sixteen hours afterward. In almost every other case, the exudation was similar on the two sides of the brain. In this, it

was "trifling, light-colored, and thin" to the right of the longitudinal sinus, but on the left side "copious, dark-colored, and thick." In one case, however (Ellen Dorety), beside the above effusion, there was a thin plate of red *coagulum* on the superior surface of the cerebellum, which had taken the form of the cavity into which it was effused. This effusion, apparently, must have taken place during life, and at an early period of the disease; since the coagulum was considerably firmer than in any other part of the body.

Nothing was observed in any instance like the "sticky varnish" described (by Tardieu) as coating the surfaces of the arachnoid.

IV. *The spinal cord* was examined in two cases. In the first, that of Ellen McCann, who died in the choleric stage, it was absolutely natural in every respect. In the other, John McCarthy, who died in the febrile stage, it was decidedly softened in the cervical portion, and a little, also, in the dorsal, with some bloody œdema of the adjacent cellular tissue. These were the only alterations observed.

V. *Congestion*.—Though congestion of the heart and lungs may very possibly exist during the early stages of the disease, yet it was not generally found to any great extent after death. In a majority of cases the lungs were natural in appearance, except for that moderate degree of engorgement of the dependent parts, which we are not surprised to see in any subject. In three cases there were marks of unnatural congestion. In six, the lungs are spoken of as "deficient in fluids," "dryish," "much collapsed," and "shrivelled." In one case, there was general emphysema; in two, ecchymoses; and in one, John McCarthy, who had secondary fever, pneumonia.

The right cavities of the heart contained a moderate quantity of blood in fifteen cases; and in thirteen, they were "full." They were absolutely distended in only three; but these were not the same three cases in which the lungs were congested. In two cases, the quantity of blood in the heart was deficient.

The left ventricle of the heart was firm and thoroughly contracted in nine cases. It was more or less deficient in firmness in thirteen; and in ten it was completely flaccid. In one case its condition was only remarked as "natural."

VI. *Contents of the alimentary canal*.—These varied greatly in quantity, color, and consistency. They were thick, thin, gruelly, gray, yellow, yellowish white, pink, reddish, or puriform. They were sometimes like soap and water; sometimes thickish, and dull red in color, as if "mixed with red paint." Sometimes they presented the appearance of true "rice water;" i. e., a thin, whitish, opaline fluid, which deposited a quantity of very fine white flocculi, looking, when collected at the bottom, like a layer of pure pus. Almost always the contents of the stomach, and the small and large intestines, differed from each other in color, consistency, or both. Thus, in the case of Ellen Dorety, they were "reddish" in the small intestines, "gray" in the large. In the case of Michael Desmond, the small intestines contained a "thin, dingy, light-colored

fluid, with flocculi of a wood-brown color." The frequent occurrence of the coloring matter of bile has already been noticed. On several occasions, the ordinary re-agents showed the presence of albumen in the fluid part of the intestinal contents, in considerable or moderate quantity. Examined by the microscope, the flocculi, suspended in the rice-water fluid, invariably consisted of columnar epithelium, floating about in larger or smaller masses, or as detached cells. These epithelium-cells were so abundant and well defined, as to leave no doubt that they constituted nineteen-twentieths of the mass of the flocculi. This extensive exfoliation of epithelium, in Cholera, has been pretty thoroughly investigated by Dr. Ludwig Boehm, who considers it as one of the most characteristic phenomena of the disease. Dr. W. T. Gairdner, of Edinburgh, however, takes a different view of the matter. He considers the exfoliation as entirely a post-mortem occurrence, owing to the maceration of the intestinal mucous membrane by the contained fluid. He states that the Cholera stools, passed during life, contain almost no perfect epithelium: and, also, that ordinary maceration will produce upon healthy mucous membrane a separation of epithelium, entirely similar to that which is found to have taken place in the intestines of Cholera patients. If maceration, however, is the only cause of the separation of such an enormous quantity of epithelium, how shall we explain its occurrence in other situations, where no unusual amount of fluid has existed? The mucous surfaces of the vagina, and of the urinary bladder, are invariably smeared with a thick, whitish, pasty, or creamy secretion, which, on microscopic examination, is seen to consist entirely of detached epithelium-cells, mostly perfect in shape, and generally distinctly nucleated. But *these* passages have not been subject to maceration. The urinary bladder, indeed, is completely empty, and, from the first moment of disease, has been deprived of the fluid which it contained in health. We have sometimes seen, mixed with the columnar epithelium, "small roundish bodies, like the nuclei of destroyed or unformed epithelium-cells." Since the violent purging, in Cholera, very commonly ceases during the last hours of life, we can easily understand why the epithelium-cells, thrown off after that period, should remain uninjured. The bowels are then comparatively quiet, and they are not so much exposed to the causes of injury as those which were evacuated in the earlier stages of the disease.

Beside the intestinal secretions, remains of food, undigested or indigestible, were not unfrequently found in various parts of the alimentary canal. In several instances, there were cherry-stones in the intestines; in one case, as many as thirteen. Bits of wood, small seeds, potatoe, bits of egg shell, &c., were among the articles found. In one case there was, both in the stomach and colon, a considerable quantity of fish-bones, of irregular, angular shapes, sharp-pointed and jagged; some of them between $1\frac{1}{2}$ and 2 inches long. In one case there were several lumbrici in the small intestine, and in one, the cæcum contained about twenty *trichocephali dispare*s.

VII. *The internal surface of the stomach and intestines* was almost universally pale, or natural in color. Its usual appearance was that of general paleness, with "slight" or "moderate" redness in some parts. It was very common to find the small intestines generally pale, stained yellow at their upper extremity; and moderately reddened toward the lower part of the ileum. In no instance was the redness general. The intestinal villi were almost always unusually distinct, appearing tumefied, and whitish opaque in color. The spots of redness were not unfrequently produced, as in the case of Margaret Harnegan, by scarlet coloration of the villi, while the rest of the mucous membrane retained its natural paleness. This condition was very readily distinguishable on close examination.

VIII. *The kidneys* did not usually present any remarkable alterations in appearance;—the most common being flaccidity of tissue, without noticeable increase or diminution in volume. Besides this, the kidneys were occasionally entirely destitute of their ordinary renal odor, and exhaled from their cut surfaces a very distinct and peculiar smell, resembling that of molasses. This was noticed in only four instances; but as our attention was not directed to this circumstance until a late period in the epidemic, it may have existed more frequently.

It might, perhaps, be expected that we should discover some relation between the condition of the heart, the fluidity of the blood, and the duration of the disease. No such relation, however, existed, as will appear from the following table.

Case.	Left Ventricle.	Coagulum.	Duration of Disease.
No. 1.	Firm.	Abundant and firm.	12 hours.
2.	Flaccid.	Moderate in amount and consistency,	13½ "
3.	Firm.	" " " " "	"
*4.	"	Deficient and loose.	"
*5.	Deficient.	Moderate.	31½ "
*6.	Flaccid	"	"
*7.	"	Deficient.	13¼ "
*8.	Deficient	"	12 "
*9.	"	Entirely absent.	33½ "
10.	"	" "	48 "
11.	Deficient.	Deficient.	15 "
*12.	"	Moderate.	53 "
13.	Firm.	Deficient.	52 "
14.	Deficient.	"	10 "
*15.	Firm.	"	15½ "
16.	"	Abundant and firm.	17½ "
17.	"	Deficient.	17 "
18.	Flaccid.	Moderate.	240 "
19.	Natural.	Deficient.	15 "
20.	Deficient.	"	10½ "
21.	Flaccid.	"	150 "
22.	Firm.	"	96 "

Case.	Left Ventricle.	Coagulum.	Duration of Disease.
*23.	Deficient.	Deficient.	42 hours.
24.	Flaccid.	Moderate.	24 "
25.	"	Deficient.	28 "
26.	Deficient.	"	20 "
27.	Firm.	"	12 "
28.	Flaccid.	"	19 "
29.	"	"	18 "
30.	Deficient.	Moderate.	108 "
31.	"	Entirely absent.	12 $\frac{1}{2}$ "
*32.	"	Deficient.	30 $\frac{1}{2}$ "
33.	Flaccid.	"	9 $\frac{1}{2}$ "

The cases marked (*) are those which presented more or less abundant ecchymoses on the heart.

Three of the cases presented peculiar appearances, in consequence of the disease, or its sequelæ, being unusually prolonged, in one, to the tenth day, in another, to the fifth, and, in another, to the seventh.

The first of these patients, John McCarthy, was in the Cholera stage for three days. He then passed into a typhoid condition, with dry tongue and skin, epistaxis, sores upon the lips and teeth, bilious discharges, a dusky paleness of the countenance, and gradually increasing stupor.* Death took place after this condition had lasted for a week. At the autopsy, the whole interior of the body presented, in a marked degree, the appearance of a septic, unhealthy process, which had depressed the vital powers, as if by the influence of a specific poison. This was evident, from the dusky, leaden hue of the peritoneum and air-passages, the pneumonia unaccompanied by active pleurisy, the early generation of gas in the cellular tissue of the mediastinum, and in the blood contained in the heart; and the disagreeable putrefactive odor, and dingy brown color, of the fluid which was effused into the cavity of the chest. The deposit of ammonia-magnesian phosphate, in a crystalline form, is also attributed by Vogel to the development of ammonia by decomposition.

The spleen was enlarged and engorged, presenting an appearance quite different from that usual in Cholera. The appearance of the mucous surface of the small intestines was also most remarkable, as showing the close pathological connection between the secondary stage of Cholera and spontaneous typhoid affections. The patches of Peyer, situated at the *lower* part of the ileum, were inflamed and deeply ulcerated;—two of them showing an abundant deposit of typhus matter, which projected into the intestinal cavity, like loose, granular coagula.

In this instance, the peculiar morbid appearances of Cholera were entirely wanting; but in the second case, that of Andrew Patterson, several remained distinct. He was sick four and a half days with

* He did not have the typhus eruption.

symptoms somewhat mixed, but still decidedly choleric. This patient never fairly passed into the secondary stage. His was in reality a prolonged case of Cholera: and although his skin at one time became warm, and the secretion of urine was re-established, yet he never entirely lost the choleric voice and aspect. In him, the dryness of the pleura, the empty condition of the pericardium, the slimy secretion on the peritoneum, and the moderate enlargement and opacity of Peyer's patches, were all present. This case, however, corresponded with the former, in presenting an abundant secretion of bile, and decided bloody congestion of the lower parts of the alimentary canal.

In the third case, that of J. G. Coolidge, it was not absolutely certain that the patient had had Cholera, though the account given of his condition previous to entrance, made it altogether probable. A few marked signs of the disease existed, however, on entrance; some moderate coolness of the skin being the most prominent symptom. The succeeding affection in this patient was not typhus, but presented in a high degree the characters of delirium tremens;—i. e., a capricious, talkative insanity, in which the patient was often suspicious that some injury was intended him by the bystanders, and frequently referred to transactions in which he had previously been engaged. Beside the serous effusion, &c., in the brain, there were almost no well marked, recent alterations discoverable at the autopsy; dryness of the pleura and deficiency of fluid in the pericardium, being the only appearances referable to Cholera. In this instance, the secondary disease did not appear to be a true sequela of Cholera, but merely an accidental consequence. The delirium tremens followed the attack of Cholera, just as it might have followed an attack of bronchitis, or the fracture of an arm.

It is sufficiently worthy of notice, that decided variations took place during the course of the epidemic, in the frequency of certain post-mortem appearances, as well as of some of the symptoms during life. It will be seen, by a reference to the foregoing table, that, at first the coagula in the heart were not unfrequently moderate in quantity and consistency, and sometimes even remarkably abundant and firm. Afterward, however, they were almost invariably deficient and loose, or even entirely wanting. In the early part of the epidemic, also, spots of ecchymosis on the heart, externally or internally, were an almost constant symptom; at a later period this appearance was rarely met with. In the above table, those cases which presented ecchymoses on the heart have been marked with an asterisk, in order to show their great preponderance in the early periods.

ART. XIII.—*On the Use and Abuse of Alcoholic Liquors, in Health and Disease.* Prize Essay. By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., author of “Principles of Physiology,” etc., etc. Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 204.

THIS essay, we learn from the advertisement, received the prize of one hundred guineas, offered for the best answers to the following questions:

1st. What are the effects, corporeal and mental, of Alcoholic Liquors on the healthy human system?

2d. Does physiology or experience teach us that Alcoholic Liquors should form part of the ordinary sustenance of Man, particularly under circumstances of exposure to severe labor or to extremes of temperature? Or, on the other hand, is there reason for believing that such use of them is not sanctioned by the principles of science, or the results of practical observation?

3d. Are there any special modifications of the bodily or mental condition of Man, short of actual disease, in which the occasional or habitual use of Alcoholic Liquors may be necessary or beneficial?

4th. Is the employment of Alcoholic Liquors necessary in the practice of Medicine? If so, in what diseases, or in what forms and stages of disease, is the use of them necessary or beneficial?

The adjudicators selected by the donor were Drs. Forbes, Roupell, and Guy—men whose reputation constitutes a sufficient guarantee for the equitable discharge of their duties. The competition for this prize—fifteen MS. essays were presented—it appears was considerable, thus offering an opportunity for a selection alike honorable to those concerned in its development, and the cause which it was their desire to subserve. The questions propounded, it will be seen, were carefully drawn up—their obvious intention being to cover the whole ground concerned in the employment, etc., of Alcoholic Liquors.

Dr. Carpenter, as we should have inferred, had we known that his pen was engaged on this subject, has written a philosophic plea in behalf of *Total Abstinence*; one which cannot fail to impress on the mind of all its readers, the unerring conviction of its truth. The following are the conclusions which it has been his aim to establish, and which may be legitimately deduced from the facts and argument he has brought forward:

In the *first* place. That, from a scientific examination of the *modus operandi* of Alcohol upon the human body, when taken in a *poisonous* dose, or to such an extent as to produce intoxication, we

may fairly draw inferences with regard to the specific effects which it is likely to produce, when repeatedly taken in excess, but not to an immediately fatal amount.

Secondly. That the consequence of the *excessive* use of Alcoholic liquors, as proved by the experience of the medical profession, and universally admitted by medical writers, being precisely such as the study of its effects in poisonous and immediately fatal doses would lead us to anticipate, we are further justified in expecting that the habitual use of smaller quantities of these liquors, if sufficiently prolonged, will ultimately be attended, in a large proportion of cases, with consequences prejudicial to the human system,—the morbid actions thus engendered being likely rather to be chronic, than acute, in their character.

Thirdly. That as such morbid actions are actually found to be among the most common disorders of persons advanced in life, who have been in the habit of taking a “moderate” allowance of Alcoholic liquors, there is very strong ground for regarding them as in great degree dependent upon the asserted cause; although the long postponement of their effects may render it impossible to *demonstrate* the existence of such a connection.

Fourthly. That the preceding conclusion is fully borne out by the proved results of the “moderate” use of Alcoholic liquors, in producing a marked liability to the acute forms of similar diseases in hot climates, where their action is accelerated by other conditions; and also by the analogous facts now universally admitted, in regard to the remotely injurious effects of slight excess in diet, imperfect aeration of the blood, insufficient repose, and other like violations of the laws of health, when habitually practised through a long period of time.

Fifthly. That the capacity of the healthy human system to sustain as much bodily or mental labor as it can be legitimately called upon to perform, and its power of resisting the extremes of heat and cold, as well as other depressing agencies, are not augmented by the use of Alcoholic liquors; but that, on the other hand, their use, under such circumstances, tends positively to the impairment of that capacity.

Sixthly. That, where there is a deficiency of power, on the part of the system, to carry on its normal actions with the energy and regularity which constitute health, such power can rarely be imparted by the habitual use of Alcoholic liquors; its deficiency being generally consequent upon some habitual departure from the laws of health, for which the use of Alcoholic liquors cannot compensate; and the employment of such liquors, although with the temporary effect of palliating the disorder, having not merely a remotely injurious effect *per se*, but also tending to mask the action of other morbid causes, by rendering the system more tolerant of them.

Seventhly. That, consequently, it is the duty of the medical practitioner to discourage as much as possible the *habitual* use of Alcoholic liquors, in however “moderate” a quantity, by all persons in

ordinary health; and to seek to remedy those slight departures from health which result from the "wear and tear" of active life by the means which shall most directly remove or antagonize their causes, instead of by such as simply palliate their effects.

Eighthly. That, whilst the habitual use of Alcoholic liquors, even in the most "moderate" amount, is likely (except in a few rare instances) to be rather injurious than beneficial, great benefit may be derived, in the treatment of disease, from the *medicinal* use of Alcohol in appropriate cases; but that the same care should be employed in the discriminating selection of those cases, as would be taken by the conscientious practitioner in regard to the administration of any other powerful remedy which is poisonous in large doses.

ART. XIV.—*Essays on the Puerperal Fever, and other Diseases peculiar to Women.* Selected from the Writings of British Authors previous to the close of the eighteenth century. Edited by FLEETWOOD CHURCHILL, M. D., M. R., I. A., Honorable Fellow of the College of Physicians of Ireland, etc., etc. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 464.

THIS volume was prepared by request of the Council of the Sydenham Society, and is a very valuable present to the obstetric literature of the present times. It contains a very classic historical sketch, by the editor, of the different epidemics of puerperal fever from the most authentic records of ancient, down to modern times, which will compensate one for the time spent in a careful perusal of it. This paper of Dr. Churchill does not consist in a simple enumeration of the different epidemics that have occurred, but contains a short yet succinct abstract of the practical deductions of the several authors who have written upon this subject. This paper is the first in the volume. Following it we have, "An Essay on the Puerperal Fever, by Dr. Denman, published in London, 1768;" "A Treatise on the same, by Dr. Hulme, published in 1772;" "The chapter on Puerperal Fever, extracted from Mr. Chas. White's Treatise on the 'Management of Pregnant and Lying-in Women;'" "A Treatise on Child-bed Fevers, and the methods of preventing them, &c., by Dr. Chas. Kirkland, published in 1774;" "An account of Puerperal Fevers as they appeared in Derbyshire, &c., by Dr. Wm. Butter, published in 1775;" "Observations on the Puerperal Fever, more especially as it has of late occurred in the Lying-in Hospital of Dublin, by Dr. Joseph Clark, from the Edinburgh Medical Com-

mentaries, 1790 ;” “ Practical Essays on the Management of Pregnancy and Labor, and on the Inflammatory and Febrile Diseases of Lying-in Women, by Dr. Joseph Clark, published 1793 ;” and “ A Treatise on the Puerperal Fever of Aberdeen, by Dr. Alex. Gordon, published 1795.”

The foregoing comprises the papers of Part First in this volume. Part Second is composed of miscellaneous essays on the following subjects: “ Of the Management proper to Cessation of the Menses, by Dr. Fothergill ;” “ An account of two extraordinary cases after delivery, by Dr. David Macbride ;” “ On the Cauliflower Excrescence from the Os Uteri, by Dr. John Clark ;” “ Two cases of Tumor of the Uterus, by the same, and an account of an Excrescence from the Womb, attended with uncommon circumstances, by Dr. Thos. Denman.”

To many of the foregoing papers Dr. Churchill has prefaced a short account of the life and writings of the authors, many of whom were medical luminaries of their times, whose writings should be familiar to all.

The following extracts, which embrace a summary of Dr. Churchill’s views of the etiology and pathology of puerperal fever, we have thought best to present our readers. They are taken from near the close of his historical sketch.

1. I would remark, then, in the first place, that there appears some special connection between the epidemics of puerperal fever and lying-in hospitals. I do not mean exactly to assert that these epidemics always originate with and are kept up by the hospitals ; but I refer to the fact that we have no record of any epidemic independent of them in early times. The first in France, England, and Ireland, occurred in the Hôtel-Dieu of the former, and the lying-in hospitals of the latter countries ; and although our earlier writers allude to inflammation of the womb, &c., occurring in child-bed, they make no mention of its prevailing extensively, or as an epidemic.*

No doubt, it has since then been observed in private practice in London, Edinburgh, Sunderland, Leeds, &c , &c., but its extent in these cases is, after all, comparatively limited, except in very sickly times, and it is often confined chiefly to the practice of a few individuals. In Dublin, the higher ranks have been singularly free from attacks of the disease. Dr. Joseph Clarke, whose valuable account of puerperal fever as it appeared in the hospital is here reprinted, practised for forty-four years in this city, during which time he attended 3,847 cases of midwifery, and yet in that number he met only three cases of acute peritonitis, and three others whose

* See Copland’s Dictionary, Part III., p. 508.

disease appears doubtful, but which might possibly have been uterine phlebitis.* And this singular fact, which is to me inexplicable, is confirmed by the experience of Drs. Collins, Johnson, and others, as they have assured me.

2. Perhaps the most universal fact connected with puerperal fever is the presence of local disease. In almost all cases of the epidemic, where an opportunity of ascertaining has been allowed, local lesions of some kind or other have been found, and even when this opportunity was denied, but little doubt existed in the minds of the practitioner that such existed. It seems very probable that, in many cases where the local disease seemed but slight, there would *now* be found very serious and important morbid changes; for we know that a patient may die of inflammation of the uterine veins or lymphatics, with very obscure symptoms, and without either an enlargement or very obvious tenderness of the uterus, and that these morbid lesions may be overlooked, if the examination be hasty and superficial.

It is only fair to state that Dr. Copland, in an excellent article on Puerperal Fever, differs from this view. He states that his experience has "convinced him that a most rapidly fatal and most malignant form of puerperal fever is occasionally developed in lying-in hospitals, which is certainly not characterized by uterine phlebitis, nor by purulent collections in the uterus or its appendages, nor even in some cases by peritonitis, the chief lesions often being merely a remarkable alteration of the blood, general lacerability of the tissues or loss of their vital cohesion soon after death, with a dirty, muddy, offensive, and sometimes a scanty, effusion into the serous cavities." He adds, however, that such cases are rare.

The local affections in puerperal fever embrace all the results of inflammation, and involve all the tissues of the organs of gestation, either separately or together. Perhaps the most frequent is peritonitis, originating, very probably, in the outer covering of the uterus, but spreading to the entire serous cavity. We find, also, inflammation of the muscular tissue of the uterus, with its consequences, abscess, softening, and gangrene; inflammation of the lining membrane, softening, and gangrene; inflammation of the veins and lymphatics, with the secondary affections thence arising, inflammation and purulent deposits in different organs, muscles, and joints; and inflammation of the ovaries, with its results.

The view of Dr. Lee, of London, that puerperal fever is a local inflammatory affection, formerly entertained by Dr. C., is now in a measure abandoned. On this point he says:

I have latterly seen reason to doubt the truth of the view I formerly took,† which was in accordance with that of Dr. Lee, and though I would wish to express myself cautiously and guardedly, I

* Life, Writings, and Practice of the late Dr. Jos. Clarke, by Dr. Collins, p. 42.

† Diseases of Pregnancy and Child-bed, p. 283.

must honestly avow, that whilst I fully admit the existence of local disease, I do think that epidemic puerperal fever is something more than that, although I may not be able to define exactly what it is.

We should be justified in this supposition I think on several grounds. First, the very remarkable variety of opinions as to its nature would go far to prove that it cannot be the simple local disease Dr. Lee believes. For example, by some it is regarded as inflammation of the uterus; by others, inflammation of the omentum and intestines; by a third party, as peritonitis; by a fourth, as erysipelatous inflammation; by a fifth and sixth, as a fever *sui generis*, or with biliary disorder; by a seventh, as a disease of a putrid character, &c., &c. Such different views are hardly reconcilable with the notion of a simple local inflammation.

Then again, look at the prevailing characters of different epidemics, and see how varied they are; in one, the lochia are suppressed; in another they are profuse; in a third, unaltered; diarrhœa is common in one epidemic, constipation in another; typhoid symptoms in one, ordinary fever in another.

And as to the remedies, we find even a greater diversity: one very high authority recommends saline purgatives; another loses all his patients until he bleeds largely at the commencement; another loses those who are so bled. Calomel is the universal remedy in one epidemic, opium in another.

Lastly, let any one compare a case of simple inflammation of the womb or peritoneum, in child-bed, with a case of epidemic puerperal fever, their symptoms, course, and the effect of remedies, and I do not think that a doubt will remain upon his mind that, although the latter is a local disease, it is not exclusively so.

But then comes the question, what more is it than a local disease? We may call it puerperal fever *plus* the local disease, but this answer is neither very precise nor very positive; and before I attempt to give any further answer, there are one or two additional remarks to be made.

3. What is the peculiar effect of uterine phlebitis? Mr. John Hunter thought that phlebitis destroyed life by the extension of inflammation to the heart. Dr. Arnott's researches disproved this, and showed, with subsequent investigations, that it was probably owing to an alteration in the quality of the blood. M. Bouillaud, in 1825, attributed the typhoid symptoms in phlebitis to the mixture of pus with the blood; and he adduces the experiments of Baglivi, Magendie, and Gaspard, as confirming his opinion, they having produced analogous results by the injection of putrid matter into the system. And we have the evidence of Dance, Tonnellé, Duplay, and others, showing that pus has been found in considerable quantities, in the uterine veins. The symptoms which Mr. Guthrie describes as characteristic of irritative phlebitis are very like those of puerperal fever.

Of the connection of puerperal fever with other epidemics, Dr. Churchill thus speaks :

4. Puerperal fever prevails most during the winter or spring months, and in moist and cold weather, or with alternations of cold and warm moist weather. To this effect we have the testimony of Leake, Armstrong, Campbell, Hey, Clarke, &c., &c.

It may be of importance, therefore, to consider what epidemic diseases are concurrent at such seasons with puerperal fever. There are three which appear to be so especially : bowel complaint (or gastro-enteritis), typhus fever, and erysipelas. The evidence in support of this statement is so abundant, that to adduce it would be to quote almost every writer upon the subject, and in the preceding sketch I have incidentally afforded quite sufficient proof. Nay, it would appear from the statements of Dr. Labatt and Dr. Collins, that typhus fever occurring in a patient in a lying-in ward, is capable of originating puerperal fever.

Now, I believe that there is little doubt at present that in fever the composition of the blood is changed,* and that in typhus fever the deterioration has reached its maximum.

From the concurrence of puerperal fever and erysipelas as an epidemic, it has been asserted by many, and with great probability, that they are essentially the same disease—certainly they prevail during the same atmospheric condition, exhibit often the same general symptoms, and Mr. Nunnally asserts may reproduce each the other.†

Dr. Hutchinson and others have seen the two diseases in the same patients ; and I think there is evidence to show that the infants of women attacked by puerperal fever are very liable to attacks of erysipelas or diffuse inflammation.

Now, one peculiarity of erysipelas, in which Mr. Nunnally states it resembles puerperal fever, is the disposition to the formation of pus in various parts of the body, and he admits the probable consequent deterioration of the blood. "It is highly probable," he says, "if not certain, that there is some change produced in the state of the blood, which change may depend upon alterations we are unable at present to appreciate, but which it is likely occur in many tissues, and may thus affect the mass of blood more or less quickly, and to a greater or less extent, according to the influence they have upon, and the connection they have with, the blood in a state of health.‡

As bearing upon this question, I shall quote from Dr. Ormerod the following remarks : "Besides the sudden increase, under such circumstances, of the number of patients suffering from fever, there is observed in all epidemics, from the plague of Athens downwards, a tendency of all diseases to assume, as far as may be, the epidemic type. Much, probably, of this is explicable on the supposition of

* Ormerod on Continued Fever, p. 168.

† On Erysipelas, p. 81 ; Copland's Dictionary of Pract. Med., Part XIII., p. 508.

‡ Ibid, p. 72.

the existence of some atmospheric condition affecting all who cannot resist it in the same way; but however this may be, as far as general impressions, in the absence of notes, will justify the assertion, simultaneous with the occurrence of severe cases of fever in the medical wards, phlebitis and troublesome sores are more commonly met with in the surgical wards of this hospital, and erysipelas of the head and face in both."* Much additional evidence might be adduced, but this is probably sufficient.

5. So far, then, we find that the same seasons give rise to certain diseases (puerperal fever, continued and typhus fever, and erysipelas); that they prevail at the same time epidemically, and as an epidemic, take on the same type, and appear capable either of giving rise to the other or of co-existing. Now, perhaps (to use an arithmetical expression), if we could subtract the local peculiarities of puerperal fever from that which it has in common with the others, we should arrive at the object of our search. Can it be that some change in the composition of the blood is this element? It would appear that in phlebitis, fever, and erysipelas, the altered condition of the blood plays a most important part, and that to it may be owing what we call "typhoid symptoms." Unfortunately, we know but little of the state of the blood in puerperal fever. Most writers speak of it as resembling the blood in other acute inflammations, coagulating firmly with a thick buffy coat. Mr. Moore says: "The writer has seen a black precipitate in the blood of a person laboring under the adynamic form of the disease. Such a deposit is often found in typhus, and in the last stage of infectious erysipelas and phlebitis. Another similarity between the blood in this affection and other diseases of typhoid and malignant character, is the peculiarly offensive odor occasionally arising from it.† I have already quoted its condition, as mentioned by MM. Bidault and Arnould and by Dr. Schoeller. Dr. Scanzoni has recently maintained that special causes of puerperal fever originate in the altered condition of the blood.‡ Dr. Copland also speaks of a remarkable alteration of the blood, but without describing it. I should be very sorry to come to any hasty conclusions on so difficult a subject, but it appears possible at least that the general element which constitutes the difference between epidemic puerperal fever and simple inflammation of the uterus and peritoneum, may be some deterioration of the blood, depending either upon atmospheric malaria from without, or absorption of some noxious matter within the body. Whether further researches may prove this to be true or not, I cannot but agree with Mr. Moore, that "in puerperal fever, as in typhus, cholera, and other epidemic and contagious diseases, which seem properly to belong to the class neuroses, there is, besides that of inflammatory action, another element, unknown, but which has an essential influ-

* Clinical Observations on Continued Fevers, p. 27.

† On Puerperal Fever, p. 185.

‡ Ranking's Abstract, vol. vii., p. 335.

ence upon the intercurrent phlegmasiæ arising in their course, and which may yield at one point only to appear at another.”*

On the subject of the contagious character of this fever, various and contradictory opinions exist. These opinions, it is unnecessary for us to remark, involve many points pregnant with important consequences to the patient and physician. Any attempt, therefore, to elucidate in a satisfactory manner the difficulties involved in its consideration should receive attention. On this point Dr. C. says:

As in all cases where a disease is epidemic, it is and must ever be a difficult thing to decide as to the contagiousness of puerperal fever; still I confess that the facts would lead one to the inference that, at least, it is communicable from a woman laboring under it to others in the same ward.

7. This leads to another consideration of great importance to practitioners of midwifery, viz., whether puerperal fever can be conveyed by a third party, in health, from a person laboring under it to another person in child-bed. There are many facts which countenance this supposition undoubtedly. Dr. Gordon has traced a number of his cases to contagion (as he believes), carried from a woman laboring under the disease to another either pregnant or recently delivered.† Dr. Gooch mentions that several instances occurred of puerperal fever attacking the patients of one practitioner, while those of others were exempt. “One instance of this kind was very remarkable: a general practitioner in large midwifery practice lost so many patients from puerperal fever, that he determined to deliver no more for some time, but that his partner should attend in his place. This plan was pursued for one month, during which not a case of the disease occurred in their practice. The elder practitioner being then sufficiently recovered, returned to his practice, but the first patient he attended was attacked by the disease and died.”‡ I rather think this proves too much; for if we conclude that the contagion was carried by this gentleman to his patients, we must also admit that the clothes or person may preserve the contagion for a month, and I scarcely think that this would be maintained.

In Sunderland, forty out of fifty-three cases occurred in the practice of one surgeon and his assistant. Mr. Roberton, of Manchester, states, that between the 3d of December, 1830, and 4th of January, 1831, a midwife attended thirty patients of a public charity, sixteen of whom had puerperal fever, and all died. Other midwives, of the same institution, attended 380 women during the same time, and none suffered from it. He also mentions the case of a practitioner who introduced the catheter for a poor woman in puerperal fever late one evening, and attended a lady in her confinement during the

* On Puerperal Fever, p. 126.

† On the Epidemic Puerperal Fever of Aberdeen, p. 63.

‡ On the more Important Diseases of Women, p. 75.

same night, who was attacked with puerperal fever on the second day.*

Dr. Copland, with his usual industry, has adduced many additional facts in the practice of British and American accoucheurs. "Dr. Pierson, of Salem, U. S., admits this to have occurred to himself in several consecutive cases. Dr. Condie, although not previously a believer in the contagious nature of the malady, "has nevertheless become convinced by the facts that have fallen under his notice, that the puerperal fever now prevailing is capable of being conveyed by contagion." Of seven women delivered by Dr. Jackson, in rapid succession, all took the disease, and five died.† Other cases of the same kind occurred, and certainly carry great weight, but we must not forget that puerperal fever was epidemic at the time.

Dr. Peddie and Mr. Beecroft have published some very remarkable cases of a similar nature, which occurred in their own practice, and they conclude that the virus once generated may be communicated from one lying-in patient to another, either directly or through a third person.‡

So far as the weight of opinion goes, it is in favor of contagion, among practitioners of the present day, but I think we are scarcely yet in a position to speak quite positively.

There is another class of cases on record which seem still more free from doubt. For examples, Dr. Gooch states, that a "practitioner opened the body of a woman who had died of puerperal fever, and continued to wear the same clothes. A lady, whom he delivered a few days afterwards, was attacked with and died of the same disease; two more of his lying-in patients, in rapid succession, met with the same fate; struck by the thought that he might have carried the contagion in his clothes, he instantly changed them, and met with no more cases of the kind."§

Dr. Campbell has published a letter to Dr. Lee|| since his work on Puerperal Fever, in which he states some reasons for believing that a person having been engaged in dissecting puerperal patients may transport the disease to others. In October, 1821, I assisted at the dissection of a woman who died of the disease, after an abortion of the early months; the pelvic viscera, with the external coats, were removed, and I carried them in my pocket to the class-room. The same evening, without changing my clothes, I attended the delivery of a poor woman in the Canongate; she died. Next morning I went with the same clothes to assist some of my pupils who were engaged with a woman in Bridewell, whom I delivered with the forceps; she died; and of many others who were seized with the disease within a few weeks, three others shared the same fate in succession. In June, 1823, I assisted some of my pupils at the dissection of an unmarried female, who died of the disease at Canon Mills, after de-

* Medical Gazette, No. 214, 1831.

† Dictionary of Practical Medicine, Part XIII., p. 506.

‡ Northern Journal of Medicine, Jan., 1846; Lancet, June 24, 1848.

§ Op. cit., p. 4.

|| Medical Gazette, Dec., 1831.

livery with the forceps. For want of accommodations I was unable to wash my hands with that care which I ought to have done; on arrival home, finding that two patients required assistance, I went to them without further ablution of my hands or changing my clothes, and both of them were seized with the disease and died."

"Post hoc" is not always "propter hoc," however, and we must not forget that puerperal fever was epidemic in Edinburgh in 1821-2.

Dr. Robert Lee and Robertson mention similar cases, and Dr. Copland quotes the evidence of Drs. Ramsbotham, Blundell, King, Mr. Davies, and Dr. Rigby, to the same effect; and to his work I must refer the reader for further details. Dr. Labatt and Dr. Collins are also of the same opinion.

The evidence and proofs thus adduced are of extreme importance, and I fear we must conclude, however reluctantly, in favor, not merely of the contagiousness of puerperal fever, but of the possibility of its contagion being carried by an intermediate party. This makes the practice of midwifery doubly distressing during the prevalence of an epidemic, and ought deeply to impress us with the necessity of the utmost care and caution.

I do not know that I can conclude these remarks better than by quoting one or two of Dr. Copland's suggestions as to the precautions to be observed: A physician or surgeon engaged in obstetric practice, upon the occurrence of puerperal fever in any of his cases, should either explain the matter to her friends, and call in a physician not engaged in this practice, to whose care she ought to be committed; or he should relinquish the care of puerperal females during his attendance on cases of this fever, and even of erysipelas; or he should change all his clothes and carefully wash his hands, after seeing cases of either of these maladies, before proceeding to a puerperal female.

"An obstetric practitioner should not make an autopsy of a case of puerperal fever or of erysipelas, or of peritonitis, or of diffusive inflammation of the cellular tissue, or of the disease occasioned by the necroscopic poison; nor even attend, dress, or visit any of such cases, without immediately afterwards observing the precautions just stated, and allowing two or three days to elapse between such attendance and midwifery engagements or visits to puerperal females."*

* Dictionary of Practical Medicine, Part XIII., p. 510.

ART. XV.—*The Unity of the Human Races proved to be the Doctrine of Scripture, Reason, and Science.* With a Review of the present Position and Theory of Professor Agassiz. By the Rev. THOMAS SMYTH, D. D., Member of the American Association for the Advancement of Science. New-York: Geo. P. Putnam. 1850. 8vo. small, pp. 404.

THE object of the author has been, in the preparation of this volume, "to take a comprehensive survey" of the unity of the human races, "in its relations to Scripture, Reason, and Science." The deep interest surrounding the natural history and origin of man, renders it one of the first subjects of science; and, in the language of Dr. S., "even were the question it involves less remarkable and less important, in regard to the present and future condition of the species, the methods of argument and sources of evidence are such as may well engage and engross every scientific inquirer." There has of late been thrown around the question of the unity of origin, doubts, and the author of this book has made a thorough and scientific attempt to clear up these doubts, and in a logical and Christian-like manner he has proved himself competent to the task he has undertaken. We have only space to subjoin the following extract:

To the clear and certain establishment of the truth involved in this question, *it is, we think, essential, that its twofold character should be borne in mind.* So long as naturalists were agreed that unity of species argued unity of origin, the question might be regarded as single, and one of exclusively scientific character. But since the theory has been introduced and sanctioned by Professor Agassiz, that *the same species* may have been created in many different provinces, and over their whole extent, the question of origin, must be regarded as entirely distinct from the question of specific unity. The former is a question of fact, to be decided by historical evidence. The latter is a question of scientific observation and induction. The question of origin, therefore, can be determined only by the evidence of Scripture, history, tradition, language, religion, and the adaptations of Christianity to the mind and heart of all men. The question of species is to be tested by those criteria which are employed to fix the classification of other animals. Between these questions there need be, and there ought to be, no collision, since the infallible certainty of the *single origin* of the human races, leaves the scientific investigation of their *present* specific character and classification altogether untrammelled, so that it might even be found convenient to regard as distinct species what are now considered as only varieties, and yet leave their unity of origin to be decided by its appropriate evidence.

Both these questions are considered in this volume, and their lines of demarcation pointed out. But as the question of origin involves all that is important and essential in the inspiration of the Bible, and the scheme of redemption, the determination of this point has been chiefly kept in view.

ART. XVI.—*A Practical Treatise on Inflammation of the Uterus and its Appendages, and on Ulceration and Induration of the neck of the Uterus.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians, etc., etc. Second American from the second London edition. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 355.

WE are indebted to the publishers, Messrs. L. & B., for a copy of the second and very much enlarged edition of this work—one which cannot fail to meet with a favorable reception from the profession generally. It was our intention to have had the review which is completed in this number, prepared from the American edition, and this would have been the case, had the copy been received by us with that dispatch which has characterized the reception of works generally. The value of the work lies entirely in its practical character, which will claim for it, from those interested in uterine pathology, a careful and attentive consideration.

ART. XVII.—*A Treatise on the Diseases of Infants, founded on recent clinical observations and investigations in Pathological Anatomy, made at the HOSPICE DES ENFANS-TROUVES: With a Dissertation on the Viability of the Child.* By C. M. BILLARD, Docteur en Médecine de la Faculté de Paris, etc., etc. Third American from the third French edition: With an Appendix and Remarks on the Diet of Infants in Disease. By JAMES STEWART, M. D., A. M., Fellow of the College of Physicians and Surgeons, and author of a "Practical Treatise on the Diseases of Children." Philadelphia: A. Hart (late Carey and Hart). 1850. 8vo. pp. 622.

THIS is a new edition of the only work in English, on the diseases of children, based upon pathological anatomy. We are pleased to see that it meets with a steady and increasing circulation. It is difficult for us to conceive how a practising physician can, in justice to himself as well as his patients, be without a copy of this valuable work.

Not the least interesting part of this volume, is the somewhat extended appendix by Dr. Stewart, embracing, as it does, much important therapeutical information on the diseases incident to our own country. The remarks of Dr. S. "on the diet of infants in disease," ought to claim from the profession generally more attention—such as may be worthy of the intrinsic importance of the subject.

ART. XVIII.—*The Botanical Text-Book.* An Introduction to Scientific Botany, both structural and systematic. For colleges, schools, and private students. Third edition, re-written and enlarged. Illustrated with twelve hundred engravings on wood. By ASA GRAY, M. D., Fisher Professor of Natural History in Harvard University. New-York: Geo. P. Putnam. 1850. 8vo. pp. 520.

THE deservedly well-known reputation of this work, almost renders it unnecessary for us to speak of its merits at this late day. The great favor with which the former editions were received by all scientific students in botany, attest sufficiently its claims for a compendious treatise on Structural and Physiological Botany, adapted to the ends for which it was designed, and the wants of science. The rapid strides made in the physiological and anatomical departments of scientific botany, are alone equalled by the analogous changes in reference to the animal kingdom. If our reader entertains the least doubt on this point, let him turn to the first chapter in this work, on the Elementary Structure of Plants, or Vegetable Anatomy, and we doubt not he will arise from the perusal of it completely satisfied.

It would be deviating from our accustomed track, were we to enter into a full analytical consideration of works like this, however much we might be inclined to believe, that in so doing, the minds of many of our readers might thereby receive new light upon not a few of the difficult problems of modern physiology. Suffice it to say, that Dr. Gray, in the preparation of this edition, has, in this respect, thoroughly brought it up to the present state of the science, and, if we mistake not, even anticipated it in some particulars—and in so doing added another testimony to those already furnished of his indefatigable and laborious research in the path of original investigations. We heartily commend this work to the student of scientific botany, as *the* one adapted to his wants. Its artistical and typographical execution is good—alike creditable to all concerned in its production.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

ANATOMY AND PHYSIOLOGY.

Abstract of the fifth series of Professor MATTEUCCI's Electro-Physiological Researches.

PART I.—*Upon Induced Contractions.*—The experiments detailed in Signor Matteucci's former researches, proved that no signs of an electric current are manifested during the contraction of the muscles, and therefore that induced contraction cannot be referred to that agency. The following new researches were instituted with a view to the discovery of the nature of the phenomenon of induced contractions, which is so obscure and at the same time so important.

Observing that the slightest discharges from a jar, inappreciable by the most delicate of our electroscopes, are invariably sufficient to excite violent contractions in a frog, it appeared agreeable to analogy to suppose that the cause of induced contractions might reside in a discharge similar to that of the jar, taking place in the muscle in the act of contracting. If that had been the case, it would no longer have been a matter of surprise that the galvanometer should give no indication during muscular contraction.

Very slight discharges, such as are elicited after a very small jar has been discharged two or three times with a metallic arc, were passed through an insulated galvanoscopic frog, the nerve of which touched the muscle traversed by the discharge.

Thus it is shown, that in spite of the good conductivity of muscle, a part of the discharge escapes to the surface and traverses the nerve of the galvanoscopic frog.

This phenomenon is still more remarkable when the nerve of the galvanoscopic frog is laid out on a metallic surface, through which

the shock is passed. The same phenomenon was manifested when a non-conducting medium, as a layer of turpentine of such a depth that a current from a pile of fifteen couples of plates could not penetrate it, was interposed between the muscular mass and the nerve of the galvanoscopic frog.

The interposition of very fine plates of mica did not prevent, though they diminished, the frequency of the contractions.

By exposing the nervous centres of animals, and placing these in contact with the nerve of the galvanoscopic frog, and exciting muscular contractions and other manifestations of the nervous force, no contractions were excited in the galvanoscopic frog: while on the other hand, contact of the galvanoscopic frogs with the muscles of the same animal when in a state of contraction, induced contraction through their nerves.

Hence it is inferred, *that the phenomena of induced contraction belong exclusively to the muscle in the state of contraction.* But it is impossible to determine by direct experiment whether induced contractions be due to electric discharges produced during the contraction of the muscle.

PART II.—*Upon the phenomena elicited by the passage of the current through the Nerves of a living Animal, or an Animal recently killed, according to the direction of the current.*—The direct electric current transmitted along the course of a nerve exhausts its excitability; the inverse current increases it.

The following experiment illustrates this part of the subject, which has been studied in all its bearings by Signor Matteucci. The frog prepared in the usual way is placed astride between two little glasses in which the reophores of a Faraday's pile of fifteen or twenty elements were immersed. It is evident that one of the limbs is traversed by a direct current, and the other by an inverse current.

In the first place, the two limbs contract both on closing and on opening the circuit, after which there is contraction of the limb traversed by the direct current on closing the circuit; and the other limb contracts on breaking the circuit; finally, only one limb contracts, viz., that of the inverse limb on the cessation of the passage of the current. On keeping the current closed for some minutes, we invariably remark that the inverse limb, which contracts on breaking the circle, is seized with a permanent contraction of a decidedly tonic character. This phenomenon is of importance, as it indicates an intimate connection between nervous influence and the action of the electric current, according to the direction of the latter.

The phenomena manifests itself after the current has been passed for twenty-five or thirty minutes. It occurs equally on passing the current through the nerves without its traversing the muscles; but never when it passes through muscle alone. If while the circle remains closed, and it has been previously ascertained that the tetanic contraction will follow the opening of the circuit, the nerve be divided rapidly at the precise point where it enters the muscle, the limb is thrown into contraction without its remaining in a state of tetanus.

If, instead of this, the nerve be divided higher up near to its issue from the spinal marrow, then the tetanic contraction takes place as usual.

The previous exhibition of narcotics to the extent of narcotism, prevents the tetanic contractions. The passage of the inverse current, the same by which the phenomenon is produced, puts a stop to the tetanic contractions in two or three seconds. If the direct current be passed, it ceases in two or three minutes. The same phenomena occur in warm-blooded animals, only of shorter duration. No electric current is in circulation in the nerves, neither is any electricity rendered latent by the passage of the inverse current. The phenomenon in question belongs to the yet undetermined relation which exists between nervous influence, and the action of the electric current according to the direction of the latter.—*From the Philosophical Transactions.*

PATHOLOGY AND PRACTICAL MEDICINE.

Conclusions respecting Gangrene of the Lung. By Prof. W. STOKES.—[The following conclusions we find appended to a valuable paper by Dr. Stokes, in the last (Feb.) number of the Dublin Quarterly Journal:]

1. That gangrene of the lung is met with under a variety of forms, differing from one another not only in the duration and violence of the symptoms, but also in their relations to various local and constitutional diseases.

2. That in a great proportion of the cases the disease is attended with putrefactive action engaging the necrosed portion of the lung, and affecting its secretions.

3. That in the progress of a case, we may observe the septic action singularly variable. It is increased by over-stimulation of the system.

4. That we cannot explain the symptoms in many cases of this disease, without assuming, either that a spot of mortification, so small as to be undiscoverable by physical means, causes severe symptoms, and is attended with super-secretion; or that a process of putrefactive secretion precedes, in many cases, the death of the lung.

5. That pain of the most extreme kind may attend this disease; and, in the remittent form, appear on each access of the affection with unmitigated violence.

6. That the contact with air is not necessary for the formation of a gangrenous eschar or cavity.

7. That hemoptysis commonly attends each access of the remittent disease.

8. That in the earlier periods of this disease, auscultation and percussion often fail in detecting any signs of organic change; or if such is discovered, it appears incommensurate with the gravity of the symptoms.

9. That in many cases the evidences of congestion and paren-

chymatous infiltration, seem to follow, rather than precede the symptoms of gangrene.

10. That dextrocardia, from diminished volume of the lung, may occur in gangrene of the right lung.

11. That gangrene may attack a lung previously hepatized from ordinary inflammation, or in a chronic tubercular condition.

12. That from the pre-existence of signs and symptoms of the stages of pneumonia, or from the early appearance of signs of excavation, we may be able to distinguish between fetid abscess of the lung and gangrene.

13. That in certain cases of chronic bronchitis the breath and expectoration may become fetid, and yet no gangrene appear to have formed.

14. That the diseases with which gangrene may be found complicated are divisible into general and local affections; but that its occurrence in the class of general diseases, termed putrid or asthenic, is much more rare than might be expected.

15. That it is rarely observed in the typhus fever of this country, even where the secondary bronchial affection is intense; but that in typhoid pneumonia it may be occasionally observed.

16. That it may complicate a previously existing disease of the lung, such as pulmonary tubercle, or an unresolved hepatization.

17. That it may be directly induced by the pressure of a tumor on the nutrient vessels and nerves of the lung, so that in cases of cancerous or aneurismal tumor, the patient may die, not from the extension of the original disease, but from its inducing a rapid mortification of some portion of the lung.

18. That the disease, though always of a formidable character, is not necessarily fatal.

On the Morbid Appearances observed in sixteen cases of Arsenical Poisoning. By Prof. GEOGHEGAN, of the Royal College of Surgeons, Ireland.—The following results have been arrived at from the examination of sixteen fatal cases:

1st. All (with one exception, in which maceration had altered the parts) exhibited signs of irritation in the form either of—*a*, vascular injection, *b*, ecchymoses, or *c*, coloration. The mucous membrane was engaged in fifteen; the submucous coats *also*, in five; the peritoneal in two; and the venous arrangement of the great extremity in one case.

The ramiform vascularity I have only found in the submucous coat, which seems also not subject to any of the other varieties of injection. The punctiform, or closely stellate, is by far the most common variety, occupying extensive tracts of the mucous surface, and either uniformly distributed, or disposed in sinuous lines or scattered patches. The striated vascularity I have met with but in one instance.

2nd. Diffuse redness, although more frequently present, according to my experience, than any other deviation from the natural state,

I have not enumerated under the head of vascular injection, since, without denying its occasional morbid character, I feel disposed to view it as a pseudo-morbid change resulting from the influence of transudation and imbibition on the punctuated vascularity. Accordingly, I have observed the latter to degenerate into diffuse redness by the influence of time and exposure to the action of the stomachic contents. The diffuse redness may exist alone or in combination with other results of irritation.

3rd. Ecchymosis as a consequence of arsenical poisoning has presented itself to my observation under the form of—*a*, well-defined blotches, oval, angular, or circular, and generally small; or *b*, of lengthy streaks, parallel or areolated. Both are formed of a thin stratum of altered, nearly black, and apparently coagulated blood, deposited in the tissue of the mucous membrane. They are scarcely elevated, and (the mucous membrane at the point occupied being much softened) are readily removed by gentle scraping, leaving behind an *erosion* of corresponding figure. A variety of ecchymosis which I venture to designate the *petechial* (seen in five cases) is essentially different from the foregoing. It consists of invariably small and rather florid blotches of fluid blood, thinly scattered for the most part on the summits of the rugæ, and unaccompanied by softening of the membrane. This condition might be confounded by the inexperienced observer with the punctuated injection, from which, however, it is readily distinguished by the lens, which reveals the vessels of the latter.

The ecchymoses just described do not appear to me to result, as might be supposed, from the lodgment of small masses or particles of the poison on the mucous surface, which I have not observed in any instance. On the contrary, I have seen them produced by fluid poisons, as ardent spirits, &c., which can only act by creating a violent determination of blood to the entire surface, and consequent rupture of the weaker vessels. One at least, of these conditions, may moreover exist under circumstances in which the poison could have only reached the affected part by absorption; as in the external application of arsenic, or where the spots involve the endocardial membrane. The only effect which I have observed as strictly traceable to the *local* action of arsenic on the mucous coat, is a fungous thickening (forming an elevated ridge or circular raised patch), with or without the effusion of lymph, and surmounted by adherent arsenic.*

It is possible that the non-occurrence of sloughing of the mucous membrane, from the local contact of arsenic, is due either to its high vitality, or to a partial protection of its surface by these mucous or fibrinous effusions.

4th. Erosion of the lining membrane I have met with in one-

* In one case (fatal in twelve hours) numerous patches of tough, coriaceous fibrine, some of them of large size, were discovered strongly adherent to the mucous surface, which, to a corresponding extent, was intensely vascular and greatly thickened. In another there were two ridges much elevated (formed solely by the lining membrane), and crested with a mixed coating of arsenious acid and mucus.

fourth of the cases examined, and under two forms. 1. The circular. 2. Long narrow sinuous streaks. Both expose the submucous coat. The former, which generally occupies the splenic end, presents a soft undefined non-elevated margin free from red coloration. The margins of the eroded streaks, on the contrary, are sharp. A careful examination of these erosions has impressed me with the belief that they are produced by the removal of the mucous membrane where occupied by the black extravasation. Accordingly, they can be produced by gently scraping the latter; and in one instance (fatal in thirty-six hours) in which I found extensive linear erosion, a portion of the eroded surface was found still coated with the black matter.

I have never encountered true ulceration of the stomach in arsenical poisoning, although I have seen it extremely well defined on the posterior part of the buccal mucous membrane (in a case fatal in four days and a half).

I have not been able to trace *softening* of the mucous tunic to the action of arsenic, not having seen it in cases examined sufficiently early to preclude the possibility of its pseudo-morbid origin. From the great tenuity of the membrane at the splenic end, a very short contact with the contents will suffice to produce considerable softening, particularly when the latter (as often occurs) have a decidedly acid reaction. In such I have witnessed from the latter cause, in arsenical poisoning, another pseudo-morbid change; namely, extensive brownish black staining of the mucous surface of the splenic end, similar to what is occasionally seen from the action of oxalic acid. This arises from the influence of gastric acid (lactic?) on the blood contained in the highly inflamed mucous surface; and a like color is imparted to the contents when bloody. Although softening of the mucous membrane appears not an unequivocal result of the influence of arsenic, to the latter it may be referred.

5th. *Diminished adhesion* of the mucous to the submucous coat. This is best observed at the pyloric third, where traction will often furnish a flake of an inch and a half to two inches in length, being probably three or four times the natural amount.

Having spoken of the mucous and submucous membranes, I have only to state, that in two instances I have observed diffuse red coloration, and in two, capilliform injection of the peritoneal coat, without effusion of fibrine or serum.—*Dublin Med. Press.*

On the Hydrostatic Test in cases of Infanticide. By DR. CASPER. —Dr. CASPER states, that the very numerous opportunities he has had of investigating suspicious deaths, enables him to protest against the doubts which have been thrown upon the validity of this test. Of what value is the objection derived from the possibility of *emphysema pulmonum* being present, for who has ever seen a pathological emphysema in a new-born child? So, too, in speaking of the possibility of *artificial inflation*, we forget the nature of the cases which practically come before us. They are examples of solitary and

clandestine delivery ; and who is to act the perfidious part of infiltration ? Moreover, every one who has tried it for himself must know how difficult it is to fill the lungs of a new-born child with air, and only once in about ten times can it be accomplished to the extent sufficient to alter the indications of the test. The objection derived from the effects of *putrefaction* is more important, but the careful judicial physician will never be decided even here. It results from the author's repeated investigation, that the lungs are among the organs which latest undergo the process of putrefaction ; and we may with certainty declare, that if lungs taken from a fresh or only slightly putrefied body swim, they do not do so in consequence of putrefaction. Even when the child and its lungs are in an advanced state of putrefaction, the test may be of value when it furnishes a *negative indication* ; e. g. the lungs sinking, even when far advanced in putrefaction, as Dr. Casper has frequently observed them to do. A remarkable case occurred to him, in which the heart of a very putrid child swam, but in which the lungs sank. As to *atelectasis*, it is very rarely met with to a great extent in new-born children ; and when it has been said to have been so, this has arisen from the products of inflammation, which, unaided by the microscope, may easily happen, being mistaken for it. The author exhibited to his class the lungs of a child who died when eight days old from pneumonia, and which, throughout, were of the brownish-red color and compact consistence of those of a dead-born child, and even the smallest portions of them sank in water. It is true that we very frequently meet with small isolated patches of atelectasis in the lungs of new-born children, but these should exert no influence in our appreciation of the test.—*Brit. & For. Med. Chir. Rev.—Casper's Wochenschrift*, 1849, No. 47.

[There is no subject connected with medical jurisprudence which has given rise to a greater difference of opinion than the Hydrostatic test in cases of Infanticide. The strongest advocate of it is our own countryman, Dr. John B. Beck (see Beck's Medical Jurisprudence, Chapter on Infanticide, where there is a full description of the subject). By others, numerous objections and doubts have been raised against it. Under these circumstances, the foregoing from an original German authority is important.—ED. N. Y. JOUR. MED.]

Tape Worm and its treatment by Kousoo. By DR. BUDD. (From a Clinical Lecture delivered at King's College Hospital.)—We have lately been employing in the hospital a new remedy for tape-worm, the "Kousoo." Our stock of it is now exhausted, and it is right that you should know the amount of evidence that our experience has furnished in its favor. The "Kousoo," otherwise called "*Brayera Anthelmintica*," from Dr. Brayer, who first made its virtues known in Europe, is a tree, growing in Abyssinia, which has been classed among the *Rosaceæ*, and which is said to attain the height of an oak, and to bear large bunches of very small flowers, varying from a pale green to a rose color. The flowers, which are the medi-

cial part of the plant, are used by the natives of Abyssinia as a remedy for tape-worm, which is very common among them. The medicine comes to us as a brownish powder, looking very like jalap, smelling very like scammony, and slightly bitter and somewhat nauseous to the taste. It can, I believe, be procured at present only from a single druggist—M. Boggio, pharmacien, 13 Rue Neuve des Petits Champs, Paris—who charges the enormous price of forty francs, that is, thirty-five shillings, for each dose of it, which weighs four drachms and a half, and is contained in a well stopped bottle.

Some time ago I obtained four doses of it through the kindness of my friend, Dr. de Mussy. I let Dr. Marshall Hall have one of these, and gave the other three to patients who came to the hospital with tape-worm. The medicine having proved successful in each of these three cases, six more doses of it were got from Paris, on account of the hospital. Three of these have been used by myself; the rest by my colleague, Dr. Todd. Nine doses of the medicine have, then, been given by us, and not one of these has failed to kill and expel the worm.

The medicine has been given in the morning, before breakfast, which is the best time for administering all remedies for tape-worm, as the small intestine which the worm inhabits is then more empty than at other times; the worm, consequently, less likely to be sheathed, and protected from the action of the drug, by the other contents of the bowels.

The powder has been infused for ten minutes in three-fourths of a pint of hot water. The infusion has then been stirred, and the whole drunk.

One of the patients, under the care of Dr. Todd, a woman advanced in pregnancy, vomited about half of the dose; but what remained in the stomach destroyed the worm. Two of the other patients had a slight feeling of nausea for ten minutes or a quarter of an hour, after taking the medicine. Another was several times purged by it; another, the woman to whom we first gave it, had headache after taking it, and ascribed to it a diuretic effect. The rest felt no uneasy sensation whatever from the medicine.

In the cases that fell under my own care, I ordered the patients to live sparingly, and to take a seidlitz powder, or a dose of castor-oil, the day before taking the kousoo, for the sake of emptying the bowels, and so leaving the worm exposed. This is a precaution which it is well to take before administering any of the remedies for tape-worm. They all act directly on the worm, and to take effect must, of course, be brought in contact with it.

I also ordered the patients to take a seidlitz powder, or a dose of castor-oil, after the kousoo, to carry the medicine down to the worm, and to expel the dead or enfeebled worm from the bowels. This expedient, also, is equally applicable to other remedies for tape-worm, and especially to turpentine, which, if it remains long in the stomach, or passes slowly through the bowels, gets absorbed, and irritates the kidneys and bladder, producing stranguary and bloody urine, and

may not reach the worm in quantity sufficient to kill it.—*Dub. Med. Press.*

SURGERY AND SURGICAL PATHOLOGY.

Excision of the first piece of the Sternum.—It would appear that the disarticulation of the first piece of the sternum from the clavicles has never been tried. M. Pecchioli, an Italian surgeon, has lately attempted this operation; and though the patient died, we shall give the various steps as reported by the *Gazette Médicale de Paris*. The man was aged twenty-three, and suffered from scrofulous caries of the bone. The operation was performed as follows:—A vertical incision was made along the median line with a curved bistoury, and two horizontal ones, each meeting by its centre one of the extremities of the first incision. The two square flaps thus formed, were dissected and turned laterally, by which means the carious bone was laid bare; the operator then cut the lower portion of the latter, by means of a little saw; he then used a curved bistoury, with a narrow blade, and directing it from within outwards divided the second and third sterno-costal cartilage, and cut the first rib partly with the scalpel and partly with the osteotome. The only disarticulation was that of the right clavicle, as the left had long been luxated by the destruction of the ligaments which were bathed in purulent matter. When the upper piece of the sternum was detached from its cartilaginous and osseous connections, M. Pecchioli introduced an elevator under the middle of its inferior extremity. He thus raised the diseased segment, and terminated its extraction by dividing from below upwards, with a common bistoury, the attachment of the sterno-mastoid, sterno-hyoidean, and sterno-thyroidean muscles. The only vessel of importance divided was the right internal mammary artery. At the place of the removed sternum, the periosteum, which had been carefully spared, was seen. It was much thickened, and covered inferiorly, and on the right side a purulent collection, which was evacuated. Through this opening the respiratory movements, those of the heart and great vessels, could be perceived, under the pleura. The excised bone presented signs of caries on some points, and necrosis upon others. The fifth day after the operation the patient died from hæmorrhage, which had occurred three times before, but had been controlled. On a post-mortem examination, an abscess was found between the costal and pulmonary pleura, corresponding to the anterior aspect of the superior lobe of the right lung, containing about five ounces of pus: it was closed on all sides by the folds of the pleura. It seems strange that no search was made for the vessel which furnished the blood; at least nothing is said about the matter in the report.—*Lancet.*

Reduction of long-standing Dislocations. (Surgical Society of Paris, July 10th, 1850.)—M. Forget related the particulars of a case in which the reduction of a dislocation of the shoulder-joint, of three

months' standing, was accomplished by Lisfranc: the patient died suddenly an hour after the operation. The only cause of death which could be discovered was congestion of the brain.

MM. Lenoir and Larrey related instances of injury to the brachial plexus of nerves, from attempts at reducing long-standing dislocations.

M. Hugier stated that a patient to whom chloroform had been administered during the operation of reducing a dislocation of the hip-joint, having died a short time afterwards, from another cause, it was found, at the autopsy, that the dislocation had not been reduced, as was supposed, but that the bone had been fractured.

Some further discussion took place, in which the majority of the members expressed their disapprobation of long-continued attempts to reduce old dislocations. M. Forget expressed himself strongly, on the dangers attending the use of chloroform in such cases.—*Med. Gaz.*

Operation for Calculus Vesicæ during Labor. By M. MONOD.—A woman aged 40, pregnant for the first time, had been in labor several hours; the membranes were ruptured, the pains frequent, but the labor did not advance, by reason of a large tumor on the anterior wall of the vagina. The tumor was hard to the touch, and completely filled the entrance to the vagina. From its form, position, &c., it was readily recognized as a vesical calculus. A sound, passed into the bladder with difficulty, confirmed the diagnosis.

M. Monod, finding that the operation of lithotritry was inapplicable, at once proceeded to remove the stone by an incision into the walls of the tumor. A curved bistoury, guided by the forefinger of the left hand, was passed into the vagina, and an incision made into the tumor. The stone was removed by the finger only; it weighed nearly three ounces; its surface was irregular, and its form that of a shallow bowl.

The patient had been previously chloroformized, and, as the state of insensibility continued after the removal of the stone, the forceps were employed to complete the delivery. The child breathed, but died in a few seconds, death being attributed to the pressure of one blade of the forceps on the umbilical cord, which was twisted round the neck.

The patient recovered without an untoward symptom. The urine passed by the urethra on the following day. This M. Monod explained by supposing a swollen condition of the edges of the wound produced by the manipulation necessary for the removal of so large a calculus through an aperture so small as he had made.—*Monthly Journal of Med. Science*, from *L'Union Médicale*.

Successful Amputation at the Hip-Joint. By R. B. WIGSTROM, Esq., Lahore.—The patient, aged 18 years, was admitted into the Civil Hospital, at Lahore, on the 1st of November, 1849. The disease requiring the operation commenced, eight years previously, in

the ankle-joint of the right leg. Caries of the bones of the leg, and abscesses, gradually went on, until the knee became involved, and finally the femur.

When Mr. Wigstrom saw him, the limb was greatly emaciated, and fistulous openings, pouring out pus to within a short distance of the hip-joint. The young man seemed suffering much from hectic, but there was no cough or any symptoms showing lung-disease. In consultation with Dr. Stewart, surgeon to the 14th Dragoons, and Dr. Hathaway, civil surgeon, it was considered necessary to remove the limb at the hip-joint, which Mr. Wigstrom did, on the 7th of November. The operation, which was performed under the influence of chloroform, was finished in half a minute; the flaps met beautifully together. The patient has had a good recovery, and is now going about on crutches.

The method used was Liston's—i. e., the anterior and posterior flaps operation. Not more than two ounces of blood were lost.—*Lancet*.

MIDWIFERY AND DISEASES OF FEMALES.

Notices of rare Cases in Midwifery Practice. By C. D. PURDON, M. D., F.R.C.S.I., Belfast.—1. *Hydrometra*.—A young lady, aged 18, of lymphatic temperament, middle size, chest well developed, breasts without any areola, abdomen very large, states that about nine months previously the catamenia ceased, after great mental agitation, and in some weeks she began to have regular attacks of morning sickness, and after a short time perceived her abdomen to be enlarged; from this she went on increasing in size regularly until the ninth month, when she appeared in the last stage of utero-gestation. The os uteri was now quite small and virgin-like, cervix long and thin, the uterus appearing much depressed: she had slight œdema of the feet. At this time she suffered from an attack of enteritis, which yielded to the usual remedies; in some days after, she had a slight bloody discharge from the vagina, which soon ceased of its own accord. She then had regular paroxysms of apparent labor pains for three consecutive nights, being well during the day, when a yellowish-colored serous discharge began to issue from the uterus, and continued for four weeks, the abdomen falling gradually each day, till at length it attained its usual shape and form. In a few weeks she had a regular catamenial discharge. She is now perfectly recovered.

2. *Vicarious Lochial Discharge*.—Attended Mrs. — of her seventh child. The labor natural, and every thing went on well till the eighth day, when I was informed by the nurse tender that the lochia had entirely ceased, and that there was a reddish-colored discharge from the rectum. Her pulse at this time was only 72, there was no pain on pressure, and she had not the slightest fever. By using appropriate means, the lochia, after forty-eight hours, returned to their usual channel.

3. *Labor without any Pain in the second Stage.*—Mrs. —, aged 21, was taken ill of her first child, at seven in the morning, and had frequent dilating pains for about three hours; these ceased on the rupture of the membranes, and she appeared to be free from all pain, when she suddenly said that there was something pressing down, and on going to examine, I found the head pressing on the perineum. The head advanced rapidly with each uterine contraction. She lay quite still, with eyes half closed, till the child was expelled, without any sensation of bearing down, or expressing that she felt any pain.—*Dub. Jour. Med. Sci.*

Condition of the Ovaries and Uterus four days after Menstruation. By Dr. JANZER.—CASE.—The young girl who was the subject of the observation had menstruated four days before being murdered. She had never been pregnant. The autopsy was made sixteen hours after death. The surface of the left ovary presented a deep red spot, surrounded by finely injected vessels. This spot was formed by a small globular mass, imbedded in the ovary, and of an intense red through its whole thickness. The mass in question was separated from the tissue of the ovary by a thin yellow envelope, and was composed of fibres like those of areolar tissue, arranged in superimposed layers. The yellow envelope was formed by the same kind of fibres, among which there was a pretty considerable quantity of fat, not contained in cells. Near this body, there was seen a small yellow, spherical, modulated mass, composed of areolar tissue and fat. The right ovary contained two yellow bodies. The Fallopian tubes, which did not embrace the ovaries, were tumefied in the upper thirds. On slight pressure, a white matter issued from them, resembling pus, and entirely composed of round epithelial cells, some of which were furnished with vibratile cilia. No ovule, nor any traces of spermatozoa were found.

The uterine mucous membrane, between the body and the neck, was much swollen. In the uterus itself, it formed a velvety membrane, glossy and brilliant, easily detached with the handle of the scalpel, and presenting a fine network of vessels. This mucous membrane was evidently thickened; it was composed of the uterine glands, ranged perpendicularly alongside each other, and fitted with cylinder epithelium, not ciliated. The structure between the uterine glands was composed of a network of delicate fibres, of some nucleated cellular fibres, and of amorphous tissue. The surface of the uterus was covered with a thin layer of mucus, and lined with cylindrical epithelium, without cilia. The orifices of the Fallopian tubes were open. The vaginal mucous membrane was pale, but was only covered with a thin layer of mucus, containing epithelial cells.

It results from this observation that the mucous membrane of the uterus presents during menstruation, characters analogous to those which exist during gestation; such as the hypertrophy of the uterine follicles, and the disappearance of vibratile cilia.—*London Journal of Medicine*, from *Gazette Médicale de Paris*, 23d March, 1850.

O B I T U A R Y .

DEATH OF JOHN GREEN CROSSE. On the 9th of June last at Norwich. The deceased had obtained a well-earned reputation by his numerous and valuable contributions to the advancement of medicine and surgery. These were published principally in the *Transactions* of the Provincial Association, of which institution he had been a president, and was at the time of his decease a vice-president. His principal work is an "Essay on Urinary Diseases," for which he obtained from the Royal College of Surgeons their Jacksonian Prize in 1833. Mr. Crosse was a member of several distinguished societies, both at home and abroad.—*Med. Gaz.*

DEATH OF PROF. JOHN BURNS. On the 18th of June in the wreck of the steamer Orion. Dr. Burns possessed a world-wide reputation. He was alike distinguished for his numerous works and contributions to Surgical and Obstetric science. He was 74, and for a number of years had occupied the chair of Regius Professor of Surgery in the University of Glasgow.

DEATH OF PROF. CONSTATT, recently at Erlangen, aged 43 years. He was Professor in the Faculty of Medicine at Erlangen—an eminent member of the profession, and well known by his contributions to German medical literature.

DEATH OF PROF. M. DE BLAINVILLE. We have to record the death of this eminent Naturalist, who was the successor of Cuvier in the chair of Natural History in Paris. It appears that until within a few days of his death he had enjoyed very good health. The deceased was found dead in a railway carriage, while on a journey from Paris to Caen. He was in his 72d year.

DEATH OF M. MARJOLIN. On the 4th of March last in Paris, in the 70th year of his age. He was one of the oldest and ablest Surgeons in Paris. A large concourse of medical men, students, and deputations from hospitals, etc., followed his remains to the tomb.

PART FOURTH.

EDITORIAL

AND

AMERICAN MEDICAL RETROSPECT.

PRACTICAL VIEWS ON MEDICAL EDUCATION. We have received a small pamphlet, consisting of seven pages, entitled "Practical Views on Medical Education," submitted to the members of the American Medical Association, by the Medical Faculty of Harvard University. We comply with the request to republish it most cheerfully; and in doing so, shall embrace the opportunity offered us for a few remarks on this subject. The following is the paper alluded to:

"The undecided state of public opinion in regard to some of the fundamental points in a course of medical education, including among other things the portion of the term of pupilage proper to be spent in attendance on lectures, is thought, by the undersigned, to justify a further consideration of the subject. In some of its relations, this subject has already been discussed, in the transactions of the American Medical Association for 1849, in two reports, pages 353 and 359, to which the reader is particularly referred. The following condensed, but more general view of the subject of medical education, is now respectfully submitted to the members of the Association.

"1. Medical instruction should be adapted to the power of students to receive and retain what is communicated to them, and should be confined to what is important to them in their subsequent life.

"2. In modern times the constituent branches of medical science are so expanded, that they are not acquired by any physician in a life-time, and still less by a student during his pupilage. The same is true even of many individual branches. It is not, therefore, to be conceded that 'a scheme of scientific instruction should embrace the whole science, and no part should be omitted;' nor that 'a well digested plan of lectures embraces all that is to be known and taught.' Medical science has at this day become so unwieldy, and contains so much that is unnecessary, at least to beginners, that the attempt to explain to students the whole, is likely to involve the result of their learning but little.

"3. In Chemistry, at the present time, a thorough adept is unknown. No man living knows all the recorded facts, or all that is to be known and taught, in that science. Organic chemistry alone fills large volumes, though yet in its infancy.

"4. In *Materia Medica* there are some thousands of substances and their compounds, which possess what is called a medicinal power. Yet it is not probable that any physician effectively reads the one-half, or remembers one-quarter, or employs in his yearly practice one-tenth, of the contents of the common dispensatories.

"5. In Pathology, so complicated and various are the conditions attendant on the individual forms of disease, and their relations with idiosyncrasy, temporary condition and external agency, with organic lesions and functional disturbances, that few of the most experienced pathologists can be said to understand their whole science, or to be always competent to its successful application.

"6. In Etiology, the theoretical literature of causes has spread itself out to an extent, which is burdensome and unprofitable. It is true, that 'man, from his nature, is subject to suffering, disease and death;'—but it is not equally apparent, that 'the causes by which these conditions are produced, are ascertainable.' We know nothing of the vehicle of cholera or influenza, nor is it probable in the power of any physician, by any art, or application of his knowledge, to produce in a given healthy man, a case of common pneumonia, or of acute rheumatism,—of diabetes or Bright's kidney,—of hypertrophy or of cancer,—or even of a common boil, or wart.

"7. In Therapeutics, many hundred volumes exist, such as would not have existed, could a knowledge of the cure of diseases be made so easily tangible, that it could be spread before the student in the three or five years of his pupilage.

"8. In Anatomy, general and special, microscopic and transcendental;—in Physiology, with its intricate ramifications;—in Surgery, of which several subordinate specialities constitute distinct living professions; it is not to be admitted that the means or time of any ordinary course of lectures, can furnish full and complete instruction. Certainly it must be difficult to arrange a course of lectures on any of the extensive sciences which now constitute medicine, if it be indeed true, that 'the teachers are not justifiable in suppressing any portion.'

"9. It is the business of lecturers in medical schools, to condense and abridge the sciences which they respectively teach, to distinguish their essential and elementary principles, to sift carefully the useful from the superfluous, and to confine the scope of their teachings, as far as possible, to what is true and profitable, and likely to be remembered and used by their hearers. It is unfortunately too true that, 'in an extended system of instruction, there is much that the student will not master, much that will have escaped his attention, much which he ought to know, that he has not learned.' The remedy appears to be, to teach him well what he can and should master, and briefly to point out to him the sources, fortunately abundant, from which he may obtain the rest.

"10. Much injury is done to the cause of true learning by medical assumption, amplification and exaggeration, by premature adoption of novelties, and by tenacity of theories, personal or espoused. Students, in all former years, have expended much time in learning, what it afterwards cost them both time and trouble to unlearn;—in acquiring, not merely the truths of science, but the crude announcements and plausible doctrines of sanguine or ingenious men. How much time has been wasted in some of our distinguished seminaries, in acquiring the visionary, and now neglected, theories of Rush and Broussais!

"11. The most commonly exaggerated branch of medical science is therapeutics. Enlightened physicians well know, that many diseases are incurable, and that others are subject to laws of duration, which cannot be interrupted by art. Yet students sometimes return from medical schools persuaded that their instructors know how to cure a large part of these diseases, and that if others are less fortunate, it is attributable to their own fault.

"12. Medical teachers should keep pace with the progress of their respective sciences. Yet in their haste for the promulgation of novelties, they should not omit to give the proper consideration to the older and more settled principles of science. Medical men are liable to commit the error of adopting premature opinions, unsound practice and inconvenient changes of language and nomenclature, sometimes from a love of display, and sometimes from a want of self-reliance, and a fear of being thought behind the literature of their time.

"13. The length of a course of lectures is not the measure of its value to the student. A course of lectures should not outlast the curiosity of its hearers, nor their average pecuniary ability to attend. Custom in this country has generally fixed the limits of these things at about four months. A comprehensive and judicious course, confined to the enforcing of necessary points, is far more profitable than a more discursive course to a wearied and diminishing audience.

"14. Lectures are chiefly wanted to impress by demonstration the practical branches of science, and they are most effective in places where the facilities for such demonstrations can be commanded. Anatomy requires extensive exhibitions by the teacher, and personal dissections by the student. Chemistry and *Materia Medica* require

illustrations by specimens and experiments. Pathology needs the aid of autopsies, museums, and the clinical demonstrations of large hospitals. A knowledge of Obstetrics is not perfected without apparatus and practice. Surgery is acquired by witnessing numerous operations, surgical diseases, illustrated explanations, and by personal practice on the dead body. Physical exploration is wholly demonstrative. A knowledge of auscultation can no more be acquired from books, or abstract lectures, than a knowledge of music, or individual physiognomy.

"15. The intermediate period between lectures, should be spent by students in active and original study, approved and confirmed by regular recitations, and by such opportunities as can be commanded, for practical, personal experience. Private schools for small classes, and the private teachings of individuals, who are suitably qualified and situated, are more advantageous for two-thirds of the year, than either the fatiguing jostle of overcrowded rooms, or the listless routine kept up by the survivors of a passive class.

"16. The usefulness of a medical school depends not so much on the length of its session, as upon the amount of education, preliminary and ultimate, which it requires, the fidelity with which it exacts its own professed requisitions, and the train of healthy exertion, active inquiry, and rigid, methodical, self-regulating study, to which it introduces its pupils. The longest lectures are of little use to students who want a common education, and whose medical education does not qualify them afterwards to observe, to inquire and to discriminate. The exacted evidence of three years of well conducted study, is better than the exhibited ticket of a six months' course.

"17. The subjects most important to be well taught in medical schools, are the elementary principles which constitute the framework of medical sciences, and the mode of thought and inquiry which leads to just reasoning upon them. After these, most attention should be given to selecting and enforcing such practical truths, as will most certainly be wanted by the young practitioner in his future career of responsibility.

"18. The things to be avoided by medical teachers, are technicalities which are unintelligible to beginners,—gratuitous assumptions and citations of doubtful authorities,—prolix dissertations on speculative topics,—excessive minuteness in regard to subjects, which are intricate and but little used, and therefore destined to be speedily forgotten. To these may be added controversies, superfluous personal eulogiums and criminations, and self-exaggeration, personal and local.

"JACOB BIGELOW, Prof. of *Materia Medica* and *Clinical Medicine*. WALTER CHANNING, Prof. of *Midwifery* and *Med. Jurisprudence*. JOHN WARE, Prof. of *Theory and Practice of Medicine*. JOHN B. S. JACKSON, Prof. of *Pathological Anatomy*. OLIVER W. HOLMES, Prof. of *Anatomy and Physiology*. HENRY J. BIGELOW, Prof. of *Surgery*. E. N. HORSFORD, Prof. of *Chemistry*."

Boston, July 10th, 1850.

The foregoing embraces the latest views of the Medical Faculty of Harvard University, who have occupied a prominent position among that class of opposers who have stood out against the declared wishes of a decided majority of the American Medical profession in relation to the extension of the course of lectures. With the first twelve sections we express our approval; not so, however, with the thirteenth and fourteenth; in these lay the gist of the whole matter of opposition. That "the length of a course of lectures is not the measure of its value to the student," no one for a moment, in his senses, will claim. But the interests of science and the cause of sound medical education do not warrant us in believing, that a five months' course of lectures, properly conducted, "outlasts the curiosity of its hearers," or should be incompatible with "their average pecuniary ability to attend." Neither will the fact that "custom in this country has generally fixed the limits of these things at about four months," warrant us in believing that they should be confined to "about four months." We are not yet prepared, from the knowledge we possess, to believe that a "comprehensive and judicious course" of six months would wind up with "a wearied and diminished audience." Again, we believe facts will not warrant the conclusion that "private schools for small classes, and the private teachings of individuals, who are suitably qualified and situated," are more advantageous for two-thirds of the season, with the remaining four months spent in lectures, than six months similarly spent, followed by a six months' judicious and comprehensive course. Private schools, unless an oral course of instruction is pursued in them, can never take the place of, or answer as a substitute for, any part of the time that ought to be spent in a judicious and comprehensive college course. The time may have been, when a four months' course would have sufficed to indoctrinate the medical student into "the elementary principle which constitute the framework of medical science, and the mode of thought and inquiry which leads to just reasoning upon them," together with the "enforcing of such practical truths as will most certainly be wanted by the young practitioner in his future career of responsibility;" that time, however, has passed by—the domains of medical science have been extended—new facts have accumulated—the responsibilities of the teacher have increased with the progress made, until now, he who discharges the duties of a teacher "in a comprehensive and judicious manner," will find not a moment too much time in a six months' course to discharge satisfactorily, and to the best interests of medical science and sound education, the responsible duties of a *professor*.

It has been declared to be the wishes of the profession, that the courses of lectures in the colleges should be extended, and, at the same time, more comprehensive, and for ourselves we see no valid reason for the holding back of nearly all of the colleges. Who is it that calls for this change? We answer, the profession of the United States. To whom is it that the colleges are indebted for students to fill their respective classes? Again we answer, the profession of the United States. Then why not conform to the suggestion or request of the profession in its assembled capacity? Do not the interests of medical education and the honor of the profession demand it? Would it not add much to the intelligence of the rising members of the profession, and at the same time be for the pecuniary advantage of the colleges? We think so, and now for the proof, so far at least as the facts within our reach will show. We will take the statistics furnished by two of the prominent schools in Philadelphia and this city, viz., the Medical Department of the University of Pennsylvania, and the College of Physicians and Surgeons of the State of New-York, who, it is well known, have extended their course of lectures to six months; and the Jefferson Medical College of Philadelphia, and the Medical Department of the University of the city of New-York, who, it is equally well known, have not complied with the recommendation of the Association. From their official publications we learn, that there were in attendance at the University of Pennsylvania during the Sessions of 1846-47, 412; 1847-48, 508; 1848-49, 499. At the Jefferson College, 1846-47, 493; 1847-48, 480; 1848-49, 477. At the University of New-York, 1846-47, 410; 1847-48, 422; 1848-49, 411; and at the College of Physicians and Surgeons, 1846-47, 194; 1847-48, 195; 1848-49, 175.

From the data furnished by the foregoing statistics, it will be seen that the per cent. of increase is in favor of the two schools, which at once carried out the wishes of the Association. Here, then, is the proof that, even in a pecuniary point of view, it would not be injurious to the larger Colleges to fall in with what we have abundant evidence to believe is the wish of the greater mass of the profession. But there is a more ennobling view which we, as independent journalists, feel bound to take of this subject; and that is the present good and future welfare and dignity of our time-honored profession. As before stated, the domains of medical science have been extended—"we live in an age of progress, science is marching onward with gigantic strides"—facts have accumulated, and it is for

the teacher to generalize and explain their bearings. Again, there is another fact still that calls forcibly for the extension of the term of lectures. This is found in the necessarily incomplete character of the courses themselves. Who is there, that has attended lectures even in the most complete schools of medicine in this country, that has not felt the necessity of a more extended course upon the subjects of Physiology, Histology, Clinical Medicine, Medical Jurisprudence, and Medical and Pathological Chemistry. A thorough knowledge of all these branches is important, *even necessary*, in order to make complete the character of the well-educated and accomplished physician; and if we mistake not, the time is not far distant when no *University* in the Union will be understood as being complete without a distinct course of lectures, if not distinct professorships on *all* of these branches. It is the comparative neglect which has been shown to these, and, to a less degree, several other branches, that incites in the hearts of the profession generally the desire to see the course of lectures in the several Colleges of the United States lengthened, and by so doing secure a thorough and systematic education of the future members of our honorable profession, and to accomplish this end we feel ourselves in duty bound to labor.

ADULTERATED DRUGS AND MEDICINES.—It was our intention to have placed before our readers in the present number, an account of the action recently taken by the College of Pharmacy in this city, in reference to the removal of Dr. M. J. Bailey from the post of examiner of drugs and medicines at this port, but the want of space is the apology for not doing so. We are pleased to see that the removal of Dr. B. has called forth the decided indignation of the great mass of the profession throughout the whole country. This is as it ought to be. Human life is of more value than the paltry considerations of party. Dr. Bailey, we know, had shown himself a competent, thorough, and efficient officer, and we hesitate not to say that his removal from the post which he had occupied with so much service to the interests of human life, and the satisfaction of those through whose labor and sacrifice the passage of the law was obtained, was uncalled for from the necessities of the case, and alike an injury to the cause of suffering humanity and an insult to the original movers in the matter, as well as the profession at large. We sincerely hope that the periodical press, as well as the *whole* profession, will not suffer the precedent established in his removal to go unrebuked. We know that in the discharge of his duty Dr. B. was neither

“Whig” nor “Democrat,” and we are astonished and even confounded to see that a liberal and enlightened officer of the Cabinet of the Executive of the United States could be found who would bow to party considerations sufficient to cause his removal. It was the earnest desire of all concerned in the origin of the movement that resulted in the law, that it should be placed above party considerations, and there we ardently hope it may yet rest sacred and free from the despoiling touch of party aggrandizements.

MEDICAL PATHOLOGY.

Lesions of the Prostate resulting from Stricture. By Prof. METTAUER, M. D.—Unless seated in the prostatic portion of the urethra, or very near the prostate itself, stricture does not necessarily subject that gland to lesion of structure. In advanced age enlargement of it is so constant, that when stricture occurs in connection with it, we are to regard the coincidence as accidental, and not a necessary concomitant of the stricture unless the gland, or parts in near proximity are its seats. In some of my cases of stricture, with young subjects, involving the prostate, I have found the gland decidedly enlarged, but in most of these examples the organ regained its normal size after the cure of the stricture. Even with the older description of patients, I have found the removal of the stricture, to be followed by very marked reduction in the size of the prostate; going to show that stricture in certain cases tends to the enlargement of the prostate gland. I have never met with a case of enlarged prostate, with the younger description of patients, when the stricture occupied a seat remote from that organ.

The most important lesions of the prostate, referable to the irritation of stricture, are its wasting and dilatation, connected with expansion of the urethra, and abscesses of the gland; and these seem to follow more directly from the expulsive efforts of the bladder, in partial retention of urine, than from the irritation of the stricture. These lesions of the prostate, in greater or less degrees, add to the difficulties in treating stricture for its radical cure.

Lesions of the Ureters and Kidneys resulting from Stricture. By Prof. METTAUER, M. D.—In cases of stricture of long standing, and of grave characters, the ureters and kidneys are often involved. The ureters become dilated, and their walls thickened. The kidneys are occasionally enlarged, and otherwise diseased. Suppuration and gangrene have been met with, as lesions of these organs, in fatal cases of stricture. In a majority of such instances, when retention is not the cause of death, lesions of the kidneys induce it by preventing the elimination of urea from the economy. In some of these examples, the breath exhales a strong urinous odor, which is usually preceded by delirium or paralysis, or both; and the secretion of urine is completely suspended.

Album in uria is occasionally a concomitant lesion of the kidney in stricture also, but it is more frequently the result of seminal weakness, connected with prostatic irritation; and they so impair the constitutional health, as to augment the difficulties greatly, in the treatment of the attendant stricture.

Microscopical Examination of the Discharges in Cholera. By R. S. HOLMES, M. D., of St. Louis.—I have examined (microscopically) the discharges from the bowels in six cases of cholera, and have found the cells of cryptogami in a greater or less degree in four of these cases, and *vibriones* very abundantly in one. The theory, I think, amounts to nothing. I have found in flour *every one* of the forms of cryptogami that I have been able to discover in cholera cells; one has a peculiar shape, which I have not seen described. I have had a bottle of flour and water on my table for some months, and I am confident I could show, in the course of a few days, every one of the forms of vegetable growth in it that are seen in cholera discharges, by a Ross one-eight lens; I say in a few days, for these cells vary in the flour, and are sometimes not to be seen; the cell of the mould of flour precisely resembles that of the smallest of the cholera cells, which is not more than the $\frac{1}{12000}$ of an inch in diameter, although the peculiar *cholera cell*, so called, seems to have been limited by the English investigators to a much larger cell, with buds upon it.

I may mention that I discovered distinct crystals, having the exact forms of those of lithic acid, in one case where there was suppression of urine.—*Amer. Jour. Med. Sci.*

Influence of Cholera upon Pregnancy and Menstruation. By HENRY G. CLARK, M. D.—Several complications ought not to be passed by without notice. We refer to pregnancy and menstruation. One woman, who was brought into the Hospital after suffering two days from cholera, was delivered of a dead child, having the appearance of collapse, and died herself in about twenty-four hours. One woman died pregnant. One other woman miscarried and recovered. A third, who was pregnant and nursing at the time of entrance, retained her foetus, and the secretion of milk continued till after the stage of collapse had passed. She then had fever, delirium, and recovered. She was treated at first with stimulants, and after the first day with salines. She was intemperate.

Several women menstruated soon after entrance. They all recovered.

MISCELLANEA.

The Accommodation of the Eye to Distances—This is the title of a very neat and exceedingly interesting monograph of near forty octavo pages, in which its author, Dr. Wm. C. Wallace, has shown "that the method by which the eye is adjusted, can be demonstrated (by analogy) as clearly as any other truth in physiology." The substance of this essay has already appeared in Silliman's Journal

for 1835; the London Medical Gazette for 1842; and the Boston Medical and Surgical Journal for 1844. Its republication in its present form and manner, is well calculated to secure for it that attention which the interest of the subject and the character of the performance alike merit and should command.

The Opium Trade.—We have received from its author, Dr. Nathan Allen, a very interesting essay on the opium trade, including a sketch of its history, extent, effects, etc., as carried on in India and China. It is a neat pamphlet of about seventy pages, well worthy the perusal of the statesman, the philanthropist, and the Christian. It breathes the spirit of calm inquiry, and is calculated to do good, while it informs and instructs the general as well as professional reader.

Medical Schools and Lectures in New-York.—Since our last issue several new developments have taken place in respect to schools and lectures. By reference to the advertisement sheet of this number it will be seen that the organization of the New-York Medical College, chartered by our legislature last winter, has been completed, and that, with many flattering prospects and advantages, the faculty announce themselves ready to receive a share of professional favor and patronage.

In the Medical Department of the University of the city, *two* vacancies *at present* exist, viz., the chairs of Theory and Practice, and Surgery. Through the newspaper press doubtless most, if not all of our readers, have already learned the cause of Prof. Mott's resignation. Suffice it to say, that it grew out of Dr. Detmold's appointment to the chair of Theory and Practice, which we noticed in our last number. For ourselves, we were not prepared for the development of affairs that followed Dr. D.'s appointment, and we are inclined to believe that such will be found to be the case with the friends of the school generally. No one can regret more than we do the retirement of Dr. Mott from the Medical Department of the University. The popularity of the school has, to say the least, rested somewhat upon his presence there. How far his retirement will affect the size of the class the coming session it is difficult for us to say. Of this much, however, we feel assured, viz., that any other member of the faculty could, in our opinion, have been spared from the University with less injury to its professional popularity than Prof. Mott, and that it will require a *very* careful movement on the part of the Faculty and Council to fill the chair with the same amount of talent and influence. We say this with the strongest feelings of interest for the future progress and success of our *Alma Mater*, and in answer to the numerous inquiries made to us respecting the results likely to follow Dr. Mott's retirement from the school.

No changes have taken place in the College of Physicians and Surgeons, and judging from present appearances, the prospects of the school were never more flattering than they are the present season. The faculty continue still to comply with the wishes of the American

Medical Association in regard to the adoption and carrying out the five months' course of lectures.

Resignations and New Appointments in Medical Colleges.—DR. CHAPMAN has resigned the chair of Theory and Practice in the University of Pennsylvania, which he occupied for more than forty years. Prof. GEO. B. WOOD, by transfer, succeeds him.

DR. B. W. DUDLEY has resigned the chair of Surgery in the Transylvania University, which he occupied for more than twenty-five years.

DR. BOLING has also resigned the chair of Obstetrics in the same institution. He returns to Montgomery, Alabama, to resume practice.

DR. D. DRAKE has resigned the chair of Practice in the Medical College of Ohio, and is at this time engaged in the arduous task of collecting the materials for the second volume of his work on the diseases of the interior valley of North America.

DR. JOHN BELL, of Philadelphia, has been appointed the successor of Dr. Drake. The extensive experience of Dr. B. as a writer and teacher, renders him peculiarly qualified for the position to which he has been appointed. He will, we understand, remove permanently to Cincinnati.

DR. T. O. EDWARDS has been appointed professor of *Materia Medica* in the same institution. It was through Dr. Edwards' zeal and untiring energy, it will be remembered, that the law regulating the importation of drugs, &c., was passed by Congress.

DR. LANDON C. RIVES has been appointed to the chair of Obstetrics in the same school.

DR. JOSEPH CARSON has been appointed the successor of Prof. Wood (transferred) in the chair of *Materia Medica* in the University of Pennsylvania.

OBITUARY.

DEATH OF DR. AMOS TWITCHELL. At Keene, N. H., on the 26th of May last, aged 60 years. He was well known as one of the first physicians and surgeons in New England.

DEATH OF PROF. SHOTWELL. Recently of cholera at Cincinnati. Dr. S. was Professor of Anatomy in the Medical College of Ohio. He was, we learn, an able and talented lecturer, and his loss will be seriously felt and deeply deplored by all who knew him.

DEATH OF DR. R. E. GRIFFITH. Recently in Philadelphia, aged 53 years. "Dr. Griffith was essentially one of the working-men of the profession. Although in feeble health for some years past, his active mind was constantly engaged in adding to the stores of medical literature. Among the productions of his pen we may mention the *Universal Formulary*, of which we recently gave a notice, a work on *Medical Botany*, an American edition of Taylor's *Medical Jurisprudence*, and Christison's *Materia Medica*. To his friends his loss will be irreparable, and the void created in the profession, by his death, will be hard to fill."

TO READERS AND CORRESPONDENTS.

WITH this number is completed the fifteenth volume (fifth of new series) of the New-York Journal of Medicine and the Collateral Sciences. With its close we embrace the opportunity offered of returning thanks to those who have aided us by contributions during the last six months, and congratulate our readers on the pleasing assurance that our course is onward. Two years and a half since we reluctantly, and with many misgivings, undertook the editorial management of this Journal—the future to us was full of uncertainty, while the remembrance of the past only tended to augment it. That time, however, has passed by, and we stand at the commencement of a new volume, feeling the sure conviction that our best wishes have been more than realized, and that our labor has not been altogether in vain. To our proprietor and publisher, who has, with a liberality unparalleled in the history of medical journals in this city, aided us in the discharge of responsible duties, are our thanks in an especial manner due. An unusual outlay has attended the dress and engravings of the work—this, we are pleased to learn, has been warranted by an unusual increase of subscribers. A reference to the contributors' list of this volume, on the cover of this number, will show the favorable support we have received, and while we return these gentlemen our most sincere thanks, we would remind others that their support is also desired. May we not hope that the influence of those who have in this respect rendered us essential aid, will stimulate the dormant energies of many around us, who have in times past done honor to the literature of our profession, but the lustre of whose reputation has now become tarnished by long repose? We pause for an answer.

✂ A review of Smith on Neuroma, and another of Miller on the Pathology of the Kidneys in Scarlatina, has, owing to the length of the original department of this number, been deferred until our next.

✂ Our readers will observe that eight additional pages have been added to this number—thus making 440 pages in this volume.

The following works have been received since our last :—

Human Physiology. By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine in the Jefferson Medical College, Philadelphia ; Vice President of the Sydenham Society of London ; Secretary of the American Philosophical Society, etc. etc. With nearly five hundred Illustrations. Seventh edition, thoroughly revised and extensively modified and enlarged. In two volumes. Philadelphia : Lea & Blanchard. 1850. 8vo. Vol. I, pp. 692. Vol. 2, pp. 736. (From the Publishers.)

Spectacles : their Uses and Abuses in Long and Short Sightedness ; and the Pathological Conditions resulting from their Irrational Employment. By J. SICHEL, M. D., of the Faculties of Berlin and Paris ; Clinical Professor of Diseases of the Eye ; Officer of the Legion of Honor, etc. etc. etc. Translated from the French, by permission of the Author, by Henry W. Williams, M. D., Fellow of the Massachusetts Medical Society, etc. Boston : Phillips, Sampson & Co. 1850. 8vo. pp. 202. (From the Translator.)

The Diagnosis, Pathology, and Treatment of the Diseases of the Chest. By W. W. GERHARD, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania ; one of the Physicians to the Pennsylvania Hospital, etc. Third edition, revised and enlarged. Philadelphia : Ed. Barrington & Geo. D. Haswell. 1850. 8vo. pp. 351. (From the Publishers.)

Observations on Certain of the Diseases of Young Children. By CHARLES D. MEIGS, M. D., Professor of Midwifery, and the Diseases of Women and Children, in the Jefferson Medical College, Philadelphia ; Member of the American Medical Association ; of the American Philosophical Society, etc. etc. Philadelphia : Lea & Blanchard. 1850. 8vo. pp. 215. (From the Publishers.)

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A Practical Handbook of Medical Chemistry. By JOHN E. BOWMAN, Fellow of the Chemical Society ; Demonstrator of Chemistry in King's College, London, and Author of "Practical Chemistry." Philadelphia : Lea & Blanchard. 1850. 12mo. pp. 288. (From the Publishers.)

Mental Hygiene ; or an Examination of the Intellect and Passions. Designed to show how they affect and are affected by the Bodily Functions, and their Influence on Health and Longevity. By WILLIAM SWEETSER, M. D., Professor of the Theory and Practice of Medicine in Bowdoin, Castleton, and Geneva Medical Colleges, and Fellow of the American Academy of Arts and Sciences. Second Edition, re-written and enlarged. New-York : Geo. P. Putnam. 1850. 12mo. pp. 390. (From the Publisher.)

Elementary Chemistry, Theoretical and Practical. By GEORGE FOWNES, F. R. S., Professor of Practical Chemistry in University College, London. Edited,

with additions, by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, etc. etc. Third American, from a late London edition. With numerous wood engravings. Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 516. (From the Publishers.)

The Transactions of the American Medical Association. Instituted 1847. Vol. 3. Philadelphia: Printed for the Association by T. K. & P. G. COLLINS. 1850. 8vo. pp. 499. (From the Association.)

A Review of the Memorial of Dr. John Bell, to the Trustees of the University of Pennsylvania. Philadelphia: 1850. 8vo. pp. 24.

Proceedings of the Fifth Annual Meeting of Association of Medical Superintendents of American Institutions for the Insane. 8vo. pp. 15.

The following exchanges have been received since our last :—

The New-Jersey Medical Reporter, and Transactions of the New-Jersey Medical Society. Edited by JOSEPH PARRISH, M. D.; for Oct. (Quarterly. Burlington, N. J.)

The American Journal of Medical Science. Edited by ISAAC HAYS, M. D., for Oct. (Quarterly. Philadelphia.)

The Retrospect of Practical Medicine and Surgery. A Half-yearly Journal. Edited by W. BRAITHWITE, Esq.; for July. (Half-yearly. London.)

The Medical Examiner and Record of Medical Science; edited by F. G. SMITH, M. D.; for Sept. and Oct. (Monthly. Philadelphia.)

The Charleston Medical Journal and Review; edited by D. J. CAIN, M. D., and F. P. PORCHER, M. D.; for Sept. (Bi-monthly. Charleston.)

The New-Orleans Medical and Surgical Journal, devoted to Medicine and the Collateral Sciences; edited by A. HESTER, M. D.; for Sept. (Bi-monthly. New-Orleans.)

The Ohio Medical and Surgical Journal; edited by S. H. SMITH, M. D.; for Sept. (Bi-monthly. Columbus.)

Southern Medical and Surgical Journal; edited by J. P. GARVIN, M. D.; for Sept. and Oct. (Monthly. Augusta.)

St. Louis Medical and Surgical Journal, edited by M. L. LINTON, M. D.; J. S. MORE, M. D., W. M. MCPHEETERS, M. D., and J. B. JOHNSTON, M. D., for Aug. (Bi-monthly. St. Louis.)

The St. Louis Probe; edited by J. COONS, M. D., and J. R. ATKINSON, M. D.; for July and Aug. (Monthly. St. Louis.)

Buffalo Medical Journal, and Monthly Review of Medical and Surgical Science; edited by AUSTIN FLINT, M. D.; for Sept. and Oct. (Monthly. Buffalo.)

The North-Western Medical and Surgical Journal; edited by J. EVANS, M. D., and EDWIN G. MEEK, M. D.; for Sept. (Bi-monthly. Chicago and Indianapolis.)

Transylvania Medical Journal; edited by ETHELBERT DUDLEY, M. D., for June and August. (Bi-monthly. Lexington.)

The Western Lancet and Hospital Reporter ; edited by L. M. LAWSON, M. D., and GEO. MENDENHALL, M. D. ; for Sept. and Oct. (Monthly. Cincinnati.)

Northern Lancet and Gazette of Legal Medicine ; edited by FRANCIS J. D'AVIGNON, M. D., and HORACE NELSON, M. D. ; for July. (Monthly. Plattsburgh, N. Y.)

The Boston Medical and Surgical Journal ; edited by J. G. V. SMITH, M. D. Sept. and Oct. numbers received. (Weekly. Boston.)

The New-York Medical Gazette and Journal of Health. Edited by D. MEREDITH REESE, M. D., L. L. D. ; for Sept. and Oct. (Weekly. New-York.)

The New-York Register of Medicine and Pharmacy ; edited by C. D. GRISWOLD, M. D., for Oct. (Semi-monthly. New-York.)

☞ *This is a new journal recently established in this city—one that is very well calculated to be of service to the profession. We wish for it a full measure of success.*

The New Hampshire Journal of Medicine. Edited by EDWARD H. PARKER, M. D. ; for Aug. (Monthly. Concord, N. H.)

The Western Journal of Medicine and Surgery ; edited by L. P. YANDELL, M. D., and T. S. BELL, M. D. ; for Sept. and Oct. Monthly. Louisville.)

The New-York Dental Recorder ; edited by C. C. ALLEN, M. D., Dentist ; for Sept. (Monthly. New-York.)

The British-American Journal of Medical and Physical Science ; edited by ARCHIBALD HALL, M. D. ; for Sept. and Oct. (Monthly. Montreal.)

London Journal of Medicine. A Monthly Record of the Medical Sciences ; edited by ——— ; for Sept. and Oct. (Monthly. London.)

Monthly Journal of Medical Science ; edited by WM. ROBERTSON, M. D. ; for Sept. and Oct. (Monthly. Edinburgh.)

Dublin Medical Press ; edited by ——— ; for Aug. and Sept. (Weekly. Dublin.)

London Medical Gazette, or Journal of Practical Medicine ; edited by ——— ; for Aug. and Sept. (Weekly. London.)

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CONTENTS.—NO. III.

(NEW SERIES.)

PART I.—ORIGINAL COMMUNICATIONS.

- ART. I.—Three Cases of Softening of Osseous Tissue, with Remarks. By W. S. BOWEN, M. D., Curator of the Pathological Museum of New-York Hospital, etc., etc. [Being the substance of a paper, read before the Society for Medical Inquiry, and which was ordered to be published.] - 297
- ART. II.—A Case of Artificial Anus from Crural Hernia, terminating fatally; with dissection of the parts involved. By JOHN W. STERLING, M. D., Member of the Royal College of Surgeons, London, &c. - 307
- ART. III.—Report of Cases occurring in the New-York Hospital, with remarks. By FREDERICK D. LENTE, M. D., Resident Surgeon; and FRANCIS P. COLTON, M. D. Resident Physician, - 314
- ART. IV.—Report of a Case of Pneumonia of ten weeks' duration. By DEWITT C. ENOS, M. D., of Brooklyn, N. Y., - 328
- ART. V.—Report of Two Cases of Rupture of the Uterus, with remarks. By HENRY A. HARTT, M. D., of New-York, - 329
- ART. VI.—Extracts from the Reports of the Proceedings of the New-York Pathological Society. (Selected and prepared by Committee of Publication.) - 333
- ART. VII. Memoir upon the coincidence of the Tubercular and Cancerous Diatheses, with scrofulous symptoms. By Dr. A. LEGRAND, Chevalier of the Legion of Honor, etc., etc., etc. Translated from the *Revue Médicale*, of April 30th, 1850, for the New-York Journal of Medicine, etc., by C. E. ISAACS, M. D., Demonstrator of Anatomy, in the College of Physicians and Surgeons, New-York, - 351
- ART. VIII.—On the Reduction of Strangulated Hernia in Mass. By GEO. C. BLACKMAN, M. D., Fellow of the Royal Medical & Chirurgical Society of London, - 367

PART II.—BIBLIOGRAPHICAL NOTICES.

- ART. VII.—The Diagnosis, Pathology, and Treatment of the Diseases of the Chest. By W. W. GERHARD, Lecturer on Clinical Medicine to the University of Pennsylvania; one of the Physicians to the Pennsylvania Hospital, etc. Third edition, revised and enlarged. Philadelphia: Ed. Barrington and Geo. D. Haswell. 1850. 8vo. pp. 351. - 401

- ART. IX.—*Materia Medica and Therapeutics*: With ample Illustrations of Practice in all the Departments of Medical Science, and very copious notices of Toxicology, suited to the wants of Medical Students and Practitioners. By THOMAS D. MITCHELL, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine; formerly Professor of Chemistry and Pharmacy in the Medical College of Ohio, etc., etc. Philadelphia: Lippincott, Grambo & Co., (successors to Gregg, Elliot & Co.) 1850. 8vo. pp. 738. - - - 403
- ART. X.—*Human Physiology*. By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine in Jefferson Medical College, Philadelphia; Vice President of the Sydenham Society of London; Secretary of the American Philosophical Society, etc., etc., etc. Seventh edition, thoroughly revised and extensively modified and enlarged, in two volumes, with nearly five hundred illustrations. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 962-736. - 404
- ART. XI.—*General Therapeutics and Materia Medica*: adapted for a Medical Text-Book. By ROBLEY DUNGLISON, M. D., Professor of Institutes of Medicine, etc. in Jefferson Medical College, Philadelphia; formerly Professor of *Materia Medica and Therapeutics* in the Universities of Virginia and Maryland, and in Jefferson College, Philadelphia. Fourth edition, revised and improved, with one hundred and eighty-two illustrations. In two volumes. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 612-484. - 404
- ART. XII.—*Spectacles: their Uses and Abuses in Short and Long Sightedness, and the Pathological Conditions resulting from their Irrational employment*. By J. SICHEL, M. D., of the Faculties of Paris and Berlin; Clinical Professor of the Diseases of the Eye, etc., etc., etc. Translated from the French, by permission of the Author, by HENRY W. WILLIAMS, M. D., Fellow of the Massachusetts Medical Society, etc. Boston: Phillips, Sampson & Co. 1850. 8vo. pp. 202. - - - 405
- ART. XIII.—*Elementary Chemistry, Theoretical and Practical*. By GEORGE FOWNES, F. R. S., Professor of Practical Chemistry in University College, London. Edited, with additions, by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, etc., etc. Third American from a late London edition, with numerous wood engravings. Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 516. - - - 406
- ART. XIV.—*A Practical Handbook of Medical Chemistry*. By JOHN E. BOWMAN, Fellow of the Chemical Society; Demonstrator of Chemistry in King's College, London, and Author of "*Practical Chemistry*." Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 288. - - - 406

- ART. XV.—Mental Hygiene ; or an Examination of the Intellect and Passions. Designed to show how they affect, and are affected by, the bodily functions, and their influence on Health and Longevity. By WILLIAM SWEETSER, M. D., Professor of the Theory and Practice of Medicine, in Bowdoin, Castleton, and Geneva Medical Colleges ; and Fellow of the American Academy of Arts and Sciences. Second edition, re-written and enlarged. New-York : Geo. P. Putnam. 1850. 12mo. pp. 390. - - - 407
- ART. XVI.—Observations on certain of the Diseases of Young Children. By CHARLES D. MEIGS, M. D., Professor of Midwifery, and the Diseases of Women and Children, in the Jefferson Medical College, Philadelphia ; Member of the American Medical Association, etc., etc. Philadelphia : Lea & Blanchard. 1850. 8vo. pp. 215. - - - 407
- A Treatise on the Diseases and Physical Education of Children. By JOHN EBERLE, M. D., late Professor of the Theory and Practice of Medicine in Transylvania University, etc., etc., etc. Fourth Edition, with notes and large additions, by THOMAS D. MITCHELL, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine ; late Professor of Materia Medica and Therapeutics in Transylvania University, etc., etc., etc. Philadelphia : Lippincott, Grambo & Co. (Successors to Gregg, Elliot & Co.,) 1850. 8vo. pp. 768.

PART III.—FOREIGN MEDICAL RETROSPECT.

PATHOLOGY AND PRACTICAL MEDICINE.

- Extracts from the Proceedings of the Swedish Medical Association, and from their Original Treatises and Communications. Stockholm, 1847. Translated from Die Zeitschrift, für die gesammte Medicin. Von F. W. OPPENHEIM. January No. 1850. By C. E. ISAACS, M. D., Demonstrator of Anatomy, in the College of Physicians and Surgeons, New-York, - - - - - 409
- Acute Rheumatism, - - - - - 412
- Conclusions from the presence of a rough valvular murmur in Heart Affections, - - - - - 413
- On the employment of Nitrate of Silver in Infantile Enteritis, 413
- New method of relieving Retention of Urine without the use of the Catheter, - - - - - 413
- On the employment of Nux Vomica in Impotency and Spermatorrhœa, - - - - - 414

SURGERY AND SURGICAL PATHOLOGY.

- On Wrist-Drop, • - - - - 414
- Amputation of both Superior Maxillary Bones, - - - 415
- New mode of removing Wens—their Composition, - - - 416
- Imperforation of the Rectum ; Operation ; Cure, - - - 416
- Dislocation of the Hip in a child eighteen months old, - 416

DISEASES OF FEMALES.

Use and Abuse of the Speculum—a letter, - - -	417
Mucous Membrane expelled from the Uterus during Menstruation, - - - - -	420
Removal of an immense Cellular Tumor from the Labium, -	420

MISCELLANEA.

Adulteration of Coffee detected by the Microscope, - -	421
Accident from Chloroform, - - - - -	422
On Hæmatozoa, - - - - -	422
M. Stromeyer, - - - - -	422
Complete absence of the Prostate Gland with Tubercles in the Urethra, - - - - -	422

PART IV.—COMMUNICATIONS AND AMERICAN MEDICAL RETROSPECT.

COMMUNICATIONS.

Case of Immobility of the Lower Jaw, cured by Divisions of the Masseter Muscles. By JAMES R. WOOD, M. D., -	423
Case of Obstruction in Head Presentation from Posterior Displacement. By J. L. VANDERVOORT, M. D., -	425

PATHOLOGY AND PRACTICAL MEDICINE.

Fatty Degeneration, Ulceration and Rupture of the Heart, -	426
Causes of Urinary Calculi, - - - - -	428
New Antidote for Bromine, - - - - -	428

SURGERY AND SURGICAL PATHOLOGY.

Amputations in reference to Artificial Limbs, - - -	429
---	-----

DISEASES OF FEMALES.

Mammary Inflammation, and its successful treatment by Colloidion, - - - - -	430
---	-----

MISCELLANEA.

Prize offered by the American Medical Association, - -	432
American Journal of Insanity, - - - - -	433
Medical Department of New-York University, - - -	433
The Western Medico-Chirurgical Journal, - - - - -	433
Society for the relief of Widows and Orphans of Medical Men, - - - - -	433
The New-York Medical College, - - - - -	434
Dr. Valentine Mott, - - - - -	434

INDEX	
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THE NEW-YORK JOURNAL OF MEDICINE.

FOR NOVEMBER, 1850.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I. *Three Cases of Softening of Osseous Tissue, with Remarks.*

BY W. S. BOWEN, M. D., Curator of the Pathological Museum of New-York Hospital, etc., etc. [Being the substance of a paper, read before the Society for Medical Inquiry, and which was ordered to be published.]

CASE 1st.—Mary Dougal, aged 14 ; Ireland. Admitted to the New-York Hospital, March 21st, 1848. On admission, the right foot was very much swollen, and upon its inner edge, over the upper extremity of the first metatarsal bone, presented a foul irregular ulcer, as large as a cent, with pouting edges.

No exposed bone could be detected by the probe, but the other appearances led to the opinion that the bone was involved. General health tolerably good.

The next note is dated July 29th, which merely states that at a consultation it was decided to amputate the leg. July 31st, the leg was amputated by Dr. Hoffman. The patient was discharged, cured and in good condition, a few weeks after amputation.

It is to be regretted that this case was drawn up so carelessly—but the duty of taking notes of the cases was committed

to a substitute, in the absence of the senior Walker. Dr. Burl, the house surgeon, states that some pain attended the disease.

CASE 2.—Charles Williams, aged 17; Ireland; painter. Admitted to New-York Hospital, April 24th, 1850. The patient gives the following history of the complaint: That about fifteen weeks ago, after wearing a tight boot, he felt a continued pain in the right ankle joint; this increased gradually, attended by swelling and redness. The enlargement of the joint was uniform. Subsequently (9 weeks ago), openings formed on the outer aspect of the joint, and discharged a thin, gleety matter, with evident relief to the symptoms. There is now considerable swelling of the ankle joint; there is also a fluctuating tumor over the internal malleolus. The probe, passed into the openings, fails to detect any rough bone, but evidently passes into the ankle joint. His general health has suffered very much from the disease and confinement to bed; has a pale cachectic appearance; appetite poor; tongue furred. The tumor over the internal malleolus was punctured, and gave exit to two or three ounces of thin yellow, gleety matter, similar to that discharged from the spontaneous openings.

April 29th. The leg was amputated by Dr. Cheeseman—and upon examination of the amputated part, the ankle joint was found to be opened and filled with a large quantity of gelatinous matter. The bones of the tarsus and metatarsus were so much softened and altered in texture, that they admitted of easy division with the scalpel, without turning the edge. The articular cartilages were unaltered, but could be easily torn off from the softened bones with the fingers. The tuberosity of the os calcis was particularly soft, almost admitting of being crushed between the ends of the fingers. The inferior extremities of the bones of the leg were enlarged.

Erysipelas attacked the stump, which sloughed extensively. Early in September, he was discharged cured; his general health quite good; as it had been previous to the attack.

CASE 3.—Barney McLaughlin, aged 17; Ireland; tailor. Admitted to Bellevue Hospital, June 4, 1850. The patient is of temperate habits and tolerable robust constitution. The

affection of the foot has existed for twelve months. He says, that about one year ago, after bathing in the river and remaining in the water longer than usual, he was seized with a severe chill, which was followed by pain and swelling in the left foot. The disease advanced, unchecked in any degree by treatment, and upon admission, the foot presented the following appearances: It was swelled to about twice the size of the other foot. There were three sinuses which communicated with the tarsal bones, two upon the superior and one upon the inferior aspect of the foot; the discharge was purulent but slight in quantity. A probe passed into these sinuses caused excessive pain, but denuded bone could be felt only at one point, where the probe could be thrust into the substance of the bone. On pressing together the surfaces of the tarsal and metatarsal bones, great pain was produced, but no uneasiness was manifested when the opposing surfaces of the astragalus and os calcis were pressed together. It was determined, therefore, to save the heel. Chopart's operation was consequently performed. It was then observed, that the astragalus and os calcis were elastic and easily broken down by pressure, and that the knife, although it had met with no impediment, had shaved off a portion of the os calcis. Amputation of the leg was immediately resorted to, but the disease was still found in the tibia and fibula at the point of section. The operation was performed by Dr. John O. Stone.

On examination of the limb after its removal, the disease was found to be a kind of fatty degeneration of the bone. There was rarefaction of the cellular structure of the tarsal bones, and the enlarged cells were filled by a deposition of fatty matter, leaving but a very thin crust of sound bone, through which the finger could be easily passed. At the point of amputation the bones were similarly affected.

September 1st.—The patient is going about the wards, and says he feels quite well. He was shortly afterwards discharged cured, and in good condition.

Remarks.—The preceding cases possess sufficient interest to justify remarks upon them. The disease of which they are records, occupies, perhaps, middle ground between rickets and

the tubercular degeneration of bone as seen in the infiltrated form—but as some doubts have been expressed as to the nature of the disease, I propose, very briefly, to contrast the tubercular degeneration of bone described by authors, with the specimens under consideration.

According to M. Nélaton* there are two forms under which the tubercular affection shows itself. 1. The Encysted. 2. The Infiltrated—of which there are two degrees or stages. 1. The semi-transparent infiltration. 2. The opaque or purulent infiltration.

The encysted form can never be confounded with the disease in question; it would, therefore, be useless to speak of it in this connection.

Of the first stage of infiltration (the semi-transparent) M. Nélaton remarks, "No change is observed in the density of the bony tissue, which is neither augmented nor diminished. If we examine a bone thus infiltrated, after having macerated to remove the matter obstructing its cells, no remarkable change is noticed in the texture of the bone, and it would be impossible, then, even to suspect the disease which had been recognized before maceration."

"The opaque or puriform infiltration is to be distinguished from the preceding, by first, the dull yellow color of the infiltrated portions; second, by the absence of blood-vessels; third, by the interstitial hypertrophy of the bony tissues."

I shall notice only the third condition, viz.: the hypertrophy of the infiltrated bone—as it is in strong contrast with the specimens described in this paper—the first and second agreeing.

"We have seen," says M. Nélaton, "that in the first period of the disease, the texture of the bone was not changed in an appreciable manner; such is not the case in the puriform infiltration. The tissue of the bone is, in this case, modified in a remarkable manner; it has undergone an hypertrophy, which may be called interstitial, for there is no increase in the volume of the bone. The laminæ composing the spongy structure

* Researches on the Tubercular Disease of the Bones, by A. Nélaton, M. D. Translated from the French by Charles R. King, M. D. New-York Journal of Medicine and Surgery, Vol. 1st., 1839.

are alone hypertrophied, and the cells, of which they are the boundaries, become contracted and almost entirely obliterated. The tissue, thus modified, closely resembles the compact tissue in its physical qualities, especially in its density. This hardening, like ivory (eburnation) of the cellular structure, has been noticed by M. Nichet. Boyer had also noticed this hardening of the bony tissue, but was unable to account for it. He says, in treating of the pathological anatomy of white swellings, "It is worthy of remark, that there are sometimes found in the midst of this distention portions of bone which have acquired the color and consistency of ivory." "These hardened portions of bone were nothing else than fragments which had been affected with infiltration before being separated from the rest of the bone."

Proceeding to demolish M. Nichet on a point unessential to us, M. Nélaton resumes, "But to return to the tubercular infiltration, properly so called, what are the phenomena that are occasioned by it? Permit me to say here, by way of anticipation, that the necessary consequence of every tubercular infiltration into a bone is a necrosis of the infiltrated tissue."

The following is a tabular view of the preceding, from M. Nélaton.

Tubercular Infiltration.

- | | |
|--|--|
| 1. Semi-transparent gray infiltration. | 1st Stage. |
| 2. Interstitial hypertrophy of the
bony tissue. | } Intermediate between the two Stages. |
| 3. Puriform infiltration. | |
| 4. Necrosis of the infiltrated portion. | } 2d Stage. |
| 5. Sequestration. Foreign body. | |

Specimens of the scrofulous degeneration of bone in the Pathological Cabinet of the New-York Hospital confirm the views of this writer. I take leave to point out the prominent characteristics of a few of them, in order to present this subject in another form.

Preparation 583. Complete ankylosis of all the bones of the foot—bones of the tarsus in a carious condition.

Preparation 600. Caries of the tarsus—destruction more or less complete of the cartilages and partial ankylosis.

Preparation 634. Necrosis of the femur just above the condyles with separation of the condyles and protrusion of the shaft through the soft parts. The spongy tissue was infiltrated with scrofulous matter.

In a recent specimen of the ankle-joint, the astragalus was a mere shell, it presented a worm-eaten appearance, was as dense as ivory, and laid loose in the joint. In another, the bones of the carpus are in a carious condition—two of them ankylosed and the cartilages generally destroyed.

Ulceration is the prominent feature of this disease, and the bone is infiltrated with pus. This is the condition in which the practical surgeon generally sees the disease. During life, wherever he can introduce his probe he encounters denuded bone. Cases furnish the best account of this disease, as of every other, and hospitals have an abundance of them, the mulatto race being rich in its production.

Mr. Stanley has presented this subject in yet another form, which I will endeavor to present in as few words as possible.

We learn from Mr. Stanley,* that in scrofulous disease of the bones, there is in the incipient stage of the disease an expansion and congestion of the texture. He says, "When an examination is made of scrofulous bones in this early stage of disease, they are found expanded and congested, the medulla of their cells being mixed with blood. How long," he adds, "this stage of scrofulous disease in bone will endure, cannot be definitely settled. It is, however, certain, that it may continue many months; for, in instances where disease in a joint had so long continued with all the features of scrofula, yet on examining the joint, no other morbid changes were found in it than the simple inflammatory condition of its bones."

"The change in scrofulous bone, next in the order of occurrence, is the disappearance of its earthy matter, which

* A Treatise on Diseases of the Bones, by Edward Stanley, F. R. S., London, 1849.

is often so complete that the bone becomes readily compressible by the fingers." Then follows the deposit of tubercular matter in either the encysted or infiltrated form, and the bone now differs from the healthy structure in the three following particulars:—"First, in the small proportion of its earthy matter, and more especially in the entire absence of the carbonate of lime; secondly, in the presence of an unusually large proportion of oil or fat, nearly equal in amount to the gelatinous basis of bone; thirdly, in the mechanical condition of the albumen, which appeared to have its ordinary structure nearly destroyed, and to be, the whole or a considerable part of it, in a disorganized state.

Active inflammation is the next phenomenon in the series, attended with suppuration and scrofulous caries—arising from either constitutional derangement or local injury. "And, moreover," he adds, "it constantly happens that the smallest amount of irritation, however excited, and often arising without apparent cause, at this stage of disease (tubercular deposit) is directly followed by suppuration and its consequent processes of disorganization in the bone." This stage does not always supervene upon the deposit of tubercle in scrofulous bone—the tuberculous matter may become obsolete, that is, it may be transformed into an earthy or chalk-like mass.

Mr. Stanley concludes his description with the following paragraph:—"It is well ascertained that tubercle is occasionally deposited in the bones of more than one joint at the same time. But more frequently when tuberculous deposit is found in the bones of one joint, the primary changes from scrofula, not yet advanced to the tuberculous stage, are found in other bones: thus, for instance, in a limb removed on account of disease in the knee joint, accompanied by tuberculous deposit in its bones, the bones of the ankle joint are often found softened, slightly expanded with their cancellous texture, excessively vascular, and its cells filled by a serous and bloody fluid."

Comparing our cases with the description of M. Nélaton and the preparations on the shelves of the New-York Hospital cabinet, it will be seen that there is not one point of resemblance between them. But it must be confessed that the

second and third stages of Mr. Stanley bear an especial resemblance to the disease in question, and that his whole description is remarkably applicable to it. Still there are some points of difference which are worthy of note, if only for the purpose of showing varieties in the appearance of the same disease in different specimens.

The three specimens under consideration are precisely similar, except that in one the bones of the leg and the bones of the foot were equally diseased; in another, the bones of the foot were more advanced than those of the leg, and the third specimen was exactly the reverse, the tibia being the most affected.

The short spongy bones and the heads of the long bones when affected by this disease are, especially in the advanced stage of it, readily broken down by the fingers. The bones are in the first stages expanded—though I am inclined to think that when the disease is fully developed, and the bone thoroughly softened, this is not a marked feature—perhaps the bone is then mechanically reduced in size again, not having sufficient strength to resist the pressure of the swollen soft parts. I cannot speak decidedly on this point, having seen but three cases, in two of which, however, this expansion was observed. In the first case there was not any enlargement; the whole amputated part of the limb seemed to be equally diseased throughout, and the disease was much advanced.—In the second case the bones of the foot having been the first to suffer, the lower ends of the tibia and fibula were alone enlarged, and in the last case the weight of the disease fell on the tibia, and the bones of the tarsus, affected in a much less degree, were enormously expanded.

The cartilages are not materially affected. At one point in the last case Dr. Buck discovered a small erosion of cartilage—but in no other instance in either of the cases has the most careful scrutiny been able to detect it, or even a point of redness, which is often seen in the scrofulous degeneration; and here it may be stated, that every specimen was free from vascularity in any degree apparent to the naked eye.

The softened bones are readily divided with the knife, and the section liberates an immense quantity of oil, so much that

the disease might be called the oily infiltration of bone. The oil appears to be abundant in proportion to the advance of the disease, and is contained in the meshes of the spongy structure, which appear to be first enlarged and finally broken down.

In fact, the minute anatomy of the disease is in this respect similar to that of rickets, consisting in enlargement of the bone cells and canals, by absorption of their internal surfaces, but going on to the completion of the process, and sweeping all away, leaving only a pultaceous mass of oil and shreds of membrane.

In rickets and tubercular infiltration, the earthy matter is deficient. I do not claim to analyze bone with much precision, but having freed a part of the tibia of one of these specimens from oil and dried it, I found not only the compact tissue, but every fibre of the cancellated structure, though fine as the most delicate lace, firm as in healthy bone. This is not evidence, but I am convinced from this and other such general experiments that the bone chemically is unaltered, and that the softening is due to mere attenuation, and perhaps oily maceration.

The diagnosis of this affection depends upon two conditions of the bones; first, the integrity of the cartilages, which is practically true notwithstanding the slight erosion discovered by Dr. Buck; and second, the softened condition of the bone. If through an opening into the joint as in case 2d, the surgeon does not encounter rough bone, and if by an explorative puncture, or through another opening in a favorable situation, he can readily penetrate the external shell of spongy bones, and enter it freely and without force, he will at least distinguish this disease from the more ordinary forms of scrofulous degeneration.

Doctor Gross has described a form of softening * which he suggests is the result of a slow chronic irritation leading to a lesion of nutrition in the osseous tissue. I take it this is the affection described by Morgagni and others, both before and after him, as a waxy condition of the bones occurring in adults, which is, undoubtedly, rachitic. I am the more inclined to this

* Elements of Pathological Anatomy, by Samuel D. Gross, M. D. 2d. edition, 1845, page 275.

opinion from the fact of his quoting Rees's analyses of three specimens of rachitis, which are published in the Guy Hospital Reports for April, 1839.

To the same class of disease, perhaps, belongs a softening of the occiput known as craniatabes, described by Elsasser as occurring in children. I am not acquainted with this affection, but to my friend Doctor Detmold, who is familiar with its history, I am indebted for an account of it.

Before closing this paper, I wish to refer to one or two circumstances in the history of the affection. It is remarkable in a degree, that the subjects are nearly of the same age, and all under eighteen years of age; and it is very remarkable that in an affection of the bones, said to be scrofulous, there should be scarcely any loss of substance by ulceration, even at points where fistulous openings communicate with the bone, and no pus at any stage of the disease. I have not, in either of the bones, on section, found any substance resembling pus, either laudable or ill conditioned, and I believe that any discharge of this nature, during life, proceeds from the soft parts. This circumstance forms the leading distinction between Mr. Stanley's description of scrofulous bones, and the specimens before the Society.

Mr. Stanley, I am aware, has, under the head of *Mollities Ossium*, described a condition of bone which corresponds even more exactly with these specimens, than his description of scrofulosis. It was, therefore, apparently unnecessary to draw the above comparisons between this disease and the tubercular degeneration; but I have been induced to do so because it has been pronounced tubercular by a gentleman whose opinion is worthy of all respect, and for the reason that I wished to place distinctly before you an affection, of which I can find no "surgical description."

I shall not attempt to enter into any analysis of the cause of this affection, for the sufficient reason, that even on the supposition of its being a simple traumatic inflammation of a mild chronic character; we practically infer a condition of the blood incapable of producing high inflammatory action, and consequently a high state of nutrition.

This is just the condition of the blood in rickets, in Molli-

ties Ossium, in "Chronic irritation leading to lesion of Nutrition," and in the true tubercular degeneration. I should therefore be arguing in a circle, and I have no wish to apply my lungs to that long trumpet, nervous pathology, secondary assimilation, &c., &c., which is so difficult to blow satisfactorily to one's self or friends, and from which many a queer sigh has escaped when a clarion blast was expected.

The life is in the blood. There is a two-fold nature, a duality of disease, which all simply practical men observe but seldom explain. Latent pneumonia is not confined to typhus fever, nor does inflammatory absorption of bone always depend upon a well-marked scrofulous diathesis. The patients whose cases are here recorded, may, at a future period, have violent osseus inflammation terminating in ankylosis, from causes that would now produce the disease for which their limbs were amputated.

ART. II.—*A Case of Artificial Anus from Crural Hernia, terminating fatally ; with dissection of the parts involved.* By JOHN W. STERLING, M. D., Member of the Royal College of Surgeons, London, &c.

Died at the Marine Hospital, Quarantine, S. I., September 14, 1850, Maria Reifle, aged 60 years, a German emigrant, who was brought from the city of New-York, and admitted on the 18th of July, in a wretched, filthy condition.

On her admission it was ascertained that there was an extensive ulceration in the right inguinal region, about the size of the palm of the hand, extending upwards, on the abdomen, in the centre of which there was a protuberance in a sloughing state, which proved to be intestine, through which the intestinal contents, in a liquid form, were almost continually pouring. A probang, introduced through the sloughing aperture from which these contents issued, passed readily down below Poupart's ligament to the crural ring.

Nothing could be learned of the history of this case, excepting that the woman said—"The swelling was opened with a lancet before it was ripe." The slough was gradually cast off;

and cicatrization of the ulcer progressed until all was healed, with the exception of a circular space about the size of a two shilling piece, in the centre of which the shining mucous membrane of the intestine, everted, projected in a button-like or mamillary form, and from which the alimentary matter was frequently ejected. A truss was applied, but it could not be borne; a soft pad, but it was soon laid aside; poultices were used, at first, to facilitate the separation of the slough; but the only permanent application was a diluted solution of *Le Doyen's Disinfecting Fluid*,* with strict attention to keeping the parts as clean as possible. The strength was supported by the most nutritious aliment, frequently given for it soon gushed out), and wine was administered as often as was deemed prudent. Occasionally she would suffer from tormina, for which an opium pill was prescribed. An attempt was made to force injections through the artificial anus from the rectum; but, after forcing the liquid with a syringe for a while, it reflowed by the sides of the probang which was introduced into the anus. This was about all that was done remedially.

The patient, very tall of stature, became more and more emaciated; debility gradually increased, the vital powers were utterly prostrated, and at length she sunk, on the day above specified, from inanition alone. During the time she was in the hospital, which was a little more than eight weeks, five or six feculent evacuations took place from the rectum; at the same time the discharges through the artificial anus were fluid, never solid, varying in color, yellow, greenish, or of a

* I must here speak a word in favor of *Le Doyen's Disinfecting Fluid* as an application to bed sores, and ulcers of various kinds. I use it of the strength of one or two ounces of this liquid to one pint of water. In bed sores it promotes the casting off of the slough, and accelerates healthy granulation and cicatrization of the ulcer. The parts are to be kept moistened with it constantly, and the only indication which directs me to discontinue its application is the cold feel, and pale and flabby appearance of the granulating surface. No matter how freely it is used, it never produces colica pictonum. This fact was satisfactorily proved, when I was physician of Ward's Island, by the late Mons. Le Doyen himself. To this gentleman who was fearless in facing dangerous maladies, and indefatigable in his energies, I am indebted for the knowledge I have gained of its useful qualities. As a disinfecting agent, I prefer it to all others, especially as it does not produce a worse odor than that which it purposes to remove.

dirty brown tinge, and on one occasion, while suffering under severe abdominal tractions, food very much comminuted, but not digested, passed through the lateral aperture.

*Autopsy.** On examining the parts three or four hours after death, the tumor thus presented itself: Its length from the artificial opening of the intestine, its most elevated point, over its protuberant portion down to its exit from the abdomen through the internal crural ring, was $2\frac{1}{4}$ inches by measurement. It reached about as high as midway between the anterior and superior spinous process of the ileum and the tubercle of the pubis (rather nearest the ileum) lying upon Poupart's ligament, and gradually curving over its lower margin to the crural canal; the greater portion of the tumor bulging over the crural arch down to the crural ring. At its upper extremity was the everted mucous membrane of the bowel, representing a mamillary process, about the size of a dime, smooth, shining, and of a dark red color: through this the contents of the small intestine were evacuated.

The dissection was commenced by an incision made from the crest of the ilium transversely to the linea alba, from which a vertical cut was carried to the symphysis pubis. The flap was raised, commencing with its upper cubic angle, and the skin, cellular membrane and superficial fascia dissected from the tendon of the external oblique as far as the inner portion of the tumor, which was found adherent to the parts beneath in consequence of previous inflammation and granulation, and an ulceration still existed in the cellular tissue covering Poupart's ligament, of an oval form, about the magnitude of a twen-

* In general, I derive very little satisfactory information from the examination of persons who have died from idiopathic diseases, so far as pathology and therapeutics are concerned; for, in nine cases out of ten, it is difficult to say how much of the disorganization of structure is attributable to the doctor, how much to the malady. The Homœopaths are the only physicians, I think, whose autopsies are calculated to shed light upon the causes of dissolution, inasmuch as with them the disease and the remedy are allowed to be analogous, *similia similibus*; or else, the morbid agent is allowed to pursue his devastating career, unmolested, to the grand catastrophe: hence all the disorganization presented by the autopsic examinations of the genuine Homœopath, must be the result of the operations of this morbid agent solely; for the agents of homœopathy can only increase it in an infinitesimal or imperceptible degree.

ty-five cent piece; but there was no direct communication with the abdominal cavity through this ligament; indeed, Pouparts ligament was strengthened, and the external abdominal ring blocked up by the agglutination of the fascia superficialis and cellular membrane.

Before dissecting the tumor further, the abdominal cavity was extensively laid open, in order to afford a full view of its contents. Superficially, the omentum and intestines presented their normal characteristics; there was no indication of previous inflammation, no unnatural adhesion, excepting where the lower and under portion of the protruded gut insinuated itself into the internal crural ring; at this point a serous band, white and glistening, attached this lower portion to the inferior periphery of the ring, through which band the Fallopian tube played with much freedom. The intestines, the jejunum and ileum especially, were of a darker hue than natural—a frequent occurrence, even where no abdominal disease exists,—but the large intestines presented no abnormal appearance. The cœcum, very white, lay in its natural position upon the right iliac fossa, and the colon, its transverse and descending portions particularly, contained, from interval to interval, lumps of very hard excrementary matter, of irregular, jagged shapes, and of diverse sizes. The intestines below the protrusion were neither diminished in volume nor unnaturally contracted; their calibre was pervious throughout.

The gall bladder was very large, not over-distended with bile, but contained eighty-three gall-stones of an irregular hexagonal form, almost all as large as a pea.

On measuring the small intestines from the pylorus to the entrance of the hernia into the crural canal, their length was fourteen feet four inches, and from the crural ring to the caput coli, measuring the intervening portion of small intestine, the measurement was about three feet, so that it was the ileum which formed the hernia, which circumstance explains the fluid character of the fœces and the consequently defective alimentation.

The dissection was next made externally from the tubercle of the pubis through the skin and subjacent cellular tissue, down to the neck of the tumor, exposing the hernia as it

issued from the abdomen through the external crural ring. A large lymphatic gland was observed lying upon the most protuberant part of the tumor, and several smaller ones imbedded in the cribrated fascia a little lower down. A probang was now readily passed through the artificial anus down to the crural ring.

The intestines were now severed, within the abdomen, from the hernia, at least one inch behind their point of entrance into the crural canal, and the hernial preparation was completely removed, by cutting through the pubic extremity of Poupart's ligament, and carrying the knife down, sweeping the fascia lata from the pectinæus, psoas and iliacus muscles, and then directing it upwards and outwards, dividing the lower portion of the tendon of the obliquus externus and the paries beneath from the spine of the ilium, thus removing every thing in which the hernia was interested and the crural canal, especially, entire. In cutting through the lower portion, the sub-pudic or internal pudic artery was divided where it was making its semicircular turn under the neck of the sack.

About forty-three hours afterwards, I carefully examined the parts thus removed: they were doubtless relaxed, but not materially disorganized, so that they still retained their tenacity. I could now pass a conical stick one and one-eighth inches in circumference through the upper portion of intestine from the abdominal side, and through the crural canal into the hernia, but could not pass it through the lower portion of intestine; a probang, however, did pass readily through the latter into the tumor, but could not be thrust through the artificial anus, yet a female catheter passed with facility. Afterwards, both of these instruments could be conducted through these two portions of intestine at the same time; that is to say, the probang through the upper portion and the catheter through the lower, both of which met in a common cavity near the nipple-shaped aperture, into which the upper and lower portion of prolapsed intestine terminated, like two branches of a tube uniting in a common trunk, so that within the hernial tumor there was a free communication between both portions of protruded intestine, near the artificial anus, produced by the absorption of the contiguous parts of their coats to a certain distance. I again measured

the tumor, and found it two and one-fourth inches in length from the external crural ring to the centre of the mucous aperture, and in breadth one and three fourths inches over its most protuberant portion.

Remarks. I have thus endeavored to represent, as clearly as I am capable of doing by mere description, this dissection of the parts as they appeared to my eye, and I have done so because I thought it might be of some utility should a similar case recur.

I am not aware that an operation for the radical cure of an Artificial Anus *resulting from Crural Hernia* has ever been performed. If it has, it must have been in cases where the gut has sloughed spontaneously, which sloughing would have commenced at the point of stricture, that is, at the crural ring, not at the point where this hernia was punctured with the lancet. This dissection, therefore, in my humble opinion, satisfactorily proves that its attempt is not only justifiable but even demanded in cases where there is not the slightest doubt that, without it, the patient will inevitably die from want of due alimentation. No one can stand by and unconcernedly see a patient absolutely starve to death, while there is the faintest gleam of hope that life may be saved, even by a hazardous operation. From this dissection then, I am fully impressed with the belief that, in this instance, though the advanced age of the patient materially lessened the prospect of a cure, the hernia might have been laid open to the crural ring, the protruded intestines cut off at this point, and the forceps of Dupuytren introduced into each portion within the abdomen, with a fair expectation that, by this means, a direct communication would be established between these two portions, and the natural channel of the fœces restored. By the attempt, at all events, the chance of saving the life of the patient would have been something; without it, nothing. Or another plan might have been adopted. It is dangerous, doubtless, to tie the extremity of a gut; the sequent inflammation might accelerate the fatal catastrophe. Nevertheless, nature has done something very like it, and the patient has sometimes recovered. I do not think it would have been proper to have ligated this artificial anus, yet an

attempt for its closure might have been made with success. It has been shown that the communication between the two portions of protruded intestine was not only free within the hernial tumor, but actually larger than the nipple-shaped aperture, and that nothing but fluid or semifluid excretions were discharged through the latter orifice ; and from the size of the instruments passed through the crural canal, it is very evident that there was sufficient dilation there to permit the same liquids to flow readily through the lower portion of the ileum. How this artificial anus might have been closed I will not presume to suggest, but there evidently was an omission in the treatment, which should not have occurred ; I allude to neglecting the frequent injection of copious diluents *per anum*. The failure in the first attempt to evacuate the contents of the large intestines by enemata, ought not, therefore, to have prevented its repetition. The colon was loaded with large and hardened scybala : these might have been gradually softened, and encouraged to take their natural route by frequently repeated copious injections. By thus rendering the passage through the large intestines free, a portion of the liquids might have been diverted from the artificial anus ; and, without further argument, it will be readily conceived that, by this process, the closure of the aperture in the side would have been encouraged, and the natural channel possibly re-established.

It is a source of regret, that sufficient light was not shed upon this subject until it was revealed at the autopsic examination.

ART. III. *Report of Cases occurring in the New-York Hospital, with remarks.* By FREDERICK D. LENTE, M. D., Resident Surgeon ; and FRANCIS P. COLTON, M. D., Resident Physician.

DR. LENTE'S CASES.

Anomalous dislocations of the hip joint.—Dislocation of the head of the femur into the ischiatic notch converted into a dislocation upward under the antérieursupr. spinous process.

John Conolly, 36, Ireland, laborer, was admitted, under Dr. Hoffman, with a luxation of the head of right femur into the ischiatic notch, which happened two days before admission, from falling a distance of 35 feet into the bed of the Croton river, and alighting upon some stones, in what precise manner patient is unable to say. No external mark of injury about the hip. The injury presented the usual characteristic marks, which it would be irrelevant here to enumerate. At 1 o'clock, p. m., reduction of the dislocation was attempted by Dr. Hoffman in the usual manner, by means of the pulleys ; patient being under the influence of ether. It was found necessary to aid the anesthetic by venesection ; accordingly, about four pounds of blood were abstracted from the arm. The extension, having been kept up for some time, was suddenly relaxed by cutting the cord, and the thigh, at the same instant, abducted, and rotated outwards ; whereupon, the head of the bone was felt to move and to slip, as was then supposed, into its place, the limb at the same time admitting of a *greater degree of rotation outwards*, but still being shorter than its fellow by measurement. The most persevering attempts at reduction was then continued with and without the pulleys. Under extension, and rotation outward, the head of the bone could be felt mounting over the brim of the acetabulum and lodging partially in its cavity, and while held in this position, the difference in length was scarcely appreciable. When the foot was carried toward the opposite side, and the thigh pushed upwards, the head of the

femur was distinctly felt to slip upon the dorsum of the ileum, and was then found to rest *just below, and to the inside of the anterior supr. spinous process*, instead of its usual position upon the dorsum, thus constituting a dislocation almost directly upwards; the difference in length was then increased to $1\frac{1}{2}$ inches. It was supposed that the head of the bone was prevented from lodging in the acetabulum by not returning through the rent in the capsular ligament. Sept. 6th. The inflammation and swelling have subsided; the shortening is now about two inches, and the limb *very much rotated outward*; the rotundity of the affected hip is greater than that of the other, and upon measurement, it was found that the trochanter major was an inch more distant than normal both from the spine and the anterior superior spinous process. The head of the bone could now be felt lying in the situation above noted, and when the limb was rotated, the trochanter could be felt moving in the arc of a circle; rotation inwards very limited. To-day, a second attempt at reduction was made with the pulleys, aided by chloroform. After continuing the extension for some time, and rotating the limb in various directions, the reduction was effected, but without any distinct snap. Sept. 20th, allowed to walk about. Sept. 30th, discharged cured.

Remarks.—The occurrence of dislocations of the head of the femur differing essentially from either of the four forms recognized by Sir Astley Cooper in his great work on dislocations and fractures, is, I imagine, not very infrequent. Prefatory to his report of an unusual dislocation of the hip, in the *Medico Chirurgical Transactions*, Mr. Travers remarks—"A succession of these injuries, termed unusual because not hitherto described in any systematic work on the subject, has induced me to submit to the Society another example of the accident, which occurred some years ago in the practice of Mr. Green, at St. Thomas's Hospital, and, by whose permission, the case is now presented to their notice. I regret that my report is not more in detail."

I have met with reports of thirteen anomalous dislocations of the hip in the journals; and no doubt many more have occurred, which have been set down as belonging to one of the *four* orthodox forms, from the almost universal impression,

produced by the high authority of Sir Astley Cooper's work, of the impossibility of any other mode of luxation.

Of the fourteen anomalous cases, *eight* have been dislocations *upward upon the ileum*. In four of these, the head of the bone lying first below, and a little to the outside of the anterior superior spinous process; being in the remaining four lower down, or about the situation of the anterior inferior spine. In the whole eight, there has been *eversion* of the foot, and this has been much more marked than in the dislocation "formed upon the pubes;" there has been no hard or distinct tumor in the groin, and the amount of shortening has been *greater* than in this dislocation.

Of the remaining six cases, *four* have been dislocations *downward upon the tuberosity of the ischium*; and *two downward and backward* upon the spine of the ischium. In the luxation upon the tuberosity, the limb has been *lengthened about an inch*, except in the case related by Mr. Keate, in which there was $3\frac{1}{2}$ inches; the toes are *everted*, and the head of the bone can be felt; points which sufficiently distinguish it from the dislocation into the foramen ovale. In the dislocations upon the spine of the ischium, the *lengthening* was about $\frac{1}{2}$ inch, the toes *inverted*, and the head to be felt with some difficulty, points of diagnosis sufficiently marked to prevent confounding it with the luxation into the ischiatic notch.

Richard Quain, Surgeon to University College Hospital, "has arrived at the conclusion," says the Medico Chirurgical Transactions for 1848, "that in the *ordinary* form of the dislocation *backward*, the femur does not reach the ischiatic notch. The head of the bone is lodged immediately behind the acetabulum, on the base of the ischiatic spine, and opposite to a small part of each of the two sacro sciatic foramina. The advanced position of the displaced limb at the knee, and the situation of the foot (as mentioned by Sir A. Cooper), "the toes resting against the great toe of the other foot," are not necessarily present in this dislocation."

In some of the above cases, the dislocation has been consecutive; in several, the diagnosis was verified by a post-mortem examination, the patients having died of some other disease or injury. Full reports of them may be found in "Guy's Hospi-

tal Reports," Vol. 1, 1836, pp. 79 and 97. Vol. 3, 1838, p. 163. London Lancet (London Edition), Vol. 1, 1848, p. 184. Vol. 2, 1840, p. 281. Vol. 1, 1845, p. 412. Vol. 11, p. 159. London Medical Gazette, Vol. 19, pp. 657 and 658. Vol. 10, p. 19. Vol. 33, p. 404. Medico Chirurgical Trans. Vol. 20, p. 112.

The occurrence of so many cases of the form of dislocation "upward upon the ileum," almost entitles it to the rank of a fifth variety of dislocation of the femur. Its most striking and characteristic symptom is the very great *eversion* of the foot and leg, the posterior aspect of the injured limb looking toward the inner aspect of the sound one. The direction of the anomalous dislocation above the acetabulum has been called "upward," though, in some cases, it is a little forward of a vertical line through the cotyloid cavity, while those called "downward" are somewhat posterior to it. To those dislocations upward where the bone rests just below the anterior inferior spine, and just above the articulate cavity, some surgeons have applied the term partial, but as the head of the femur is completely out of its socket, and cannot be replaced without the usual efforts at reduction, it appears to be a mere matter of taste as to the term.

"It would appear," says Mr. Travers, in his article to which we have referred, "that if there be four lines of direction in general, there are six particular dislocations of the thigh-bone. First, as to direction, the displacement may be upwards, downwards, inwards, or backwards (which also signifies outwards). Secondly, in addition to the four several luxations, so admirably described by Sir Astley Cooper, of which, two occur internally, and two externally, with reference to the acetabulum as a centre, it must, I think, now be further admitted, that the head of the bone may assume a position either directly *above* or *below* the articular cavity. With respect to the dislocation downwards, the classification would be much simplified by referring all cases to this variety where the head of the bone is found to rest below the plane of the spinous process of the ischium."

Cases of ununited fracture treated by Electricity.

CASE. 1st. Matilda Richardson, a healthy colored girl, about twenty-five years of age, was admitted August 9th, 1849,

under the care of Dr. Cheeseman, with a simple fracture of the left femur about its middle, with shortening of an inch and a half, free crepitus, and very distinct false point of motion. Not to go through with the whole history of a tedious case, it is sufficient to say, that the limb was first placed on the double inclined plane, then, after the subsidence of the swelling and heat, secured in the usual manner in the straight splints. Her limb was kept in this apparatus until Oct. 1st, at which time there was but little union of the bones, and it was found that patient was in the constant habit of loosening the bandages and disarranging the splints; the starch apparatus was therefore applied, but even this, after a time, failed to preserve perfect immobility of the fragments, in consequence of the persevering endeavors of the patient to loosen it. Nov. 6th. Removed apparatus; found fracture about in the same condition; but little union. Applied pasteboard splint to thigh, secured limb firmly to double inclined plane, and ordered Pil. Hyd. gr. iij twice a day, as a means of favoring ossific union. Nov. 12th. The gums are affected by the mercury, but not the union of the fracture, which appears to be in about the same condition.

Nov. 24th. Ordered to recommence the Pil. Hyd., to use the limb in locomotion by the aid of crutches for a time, and then to have the starch apparatus re-applied. Dec. 22d. Patient salivated. Stop pill. Jan. 25th. Has recovered from the salivation. No improvement in the fracture, although patient has now become much more quiet and tractable.

Directed the limb to be secured to the double inclined plane, so as to have that portion of the thigh adjacent to the seat of fracture exposed. Ordered electricity by means of Pike's galvanic apparatus to be applied three times a week, with acupuncture, the needle being passed to the periosteum on either side of the fracture. Mar. 10th. Consolidation of the fracture now appears to be taking place; the application of the electricity has been continued with but few interruptions up to the present time. Ordered to be continued at longer intervals. April 1st. Union is now firm. No false point of motion can be discovered, but the shortening and deformity are considerable, all due to the obduracy of the patient, and much less marked than might have been expected from the circumstances of the case.

May 21. Patient has been hobbling about the house and yard for some weeks, and is to day discharged.

CASE 2d. Mary Waters, 35, Ireland, married, was admitted May 11th, 1850, under Dr. Hoffman, with a simple fracture of both bones of the left leg, in the lower third, and oblique from above downwards and from without inwards. The injury occurred just before admission from patient's making a false step in the street and falling. The soft parts are swollen and painful. Patient has a young infant, which she nurses, and is therefore in unfavorable condition for the occurrence of such an injury. Pulse feeble; surface pale.

Treatment.—Placed limb in fracture box, apply cooling lotion. Ordered moderate diet. May 17th. The swelling having subsided, the limb was adjusted to-day in side splints. Patient allowed a pint and a half of porter daily with full diet. May 31st. Union tolerably firm. Ordered to apply starch apparatus. June 20th. Removed apparatus to day, and found rather more motion at seat of fracture than there was at last date. Re-apply splints. July 20th. No improvement. Directed electricity with acupuncture to be applied every other day, the limb, in the interval, to be kept in the immovable apparatus.

August 19th. The application has been continued without interruption to the present time; each application being continued about 10 minutes, patient complaining considerably at first, but becoming gradually accustomed to it after a few applications. The union of the fracture is now quite firm, and as patient desires to go home, she is to-day discharged.

CASE 3d. Patrick Hendraham, 32, Ireland, porter, admitted May 2d, 1850, under Dr. Hoffman, with a simple fracture of both bones of the right leg, at the junction of the middle and lower third, caused by a blow from a heavy club in a row. The fracture appears to be transverse. Accident occurred a few hours before admission. Patient is a stout, healthy man.

Treatment.—Limb placed upon a cushion in the fracture box, and a cooling lotion applied. May 8th. Adjusted the limb in the side splints. May 29th. Union tolerably firm, there being still a false point of motion; ordered to apply the starch apparatus.

June 18th. Not much improvement ; continue the starch splint, and patient allowed to go about on crutches, with the injunction not to make use of the injured limb in any way. Is on porter and nutritious diet ; general health appears good. July 2d. Still a distinct false point of motion. Directed to-day the application of galvanic electricity with acupuncture daily, the limb to be kept during the interval in the immovable apparatus. July 15th. Union of fracture becoming more firm. Ordered to apply the electricity on alternate days. July 25th. Union now firmly consolidated. Discontinue application. Patient allowed crutches with the limb protected by the starch splint. Sept. 1st. Discharged, cured.

Remarks.—I have been induced to give publicity to the above cases of ununited fracture, from a confidence in the value of electricity as one of the best remedial agents in all such cases, and from the fact that but little attention has been directed to it as a general rule, by writers on surgery, while great stress is laid upon the efficiency of the harsher methods of treatment, such as rubbing the ends of the bones together, the introduction of the seton between the fractured ends, &c. Friction of the ends of the bones is not very apt to succeed, and the introduction of the seton, though generally efficient, is oftentimes a dangerous operation, and must always involve more or less the safety of the patient's life, as it necessarily converts a simple into a compound fracture. It is a mode of treatment, moreover, which is not likely to be adopted by a physician in ordinary practice, or by one not in the habit of performing surgical operations of importance. Electricity, by the ordinary galvanic apparatus, is easy of application, not very painful, and in no way dangerous ; it is therefore one which, I think, should always precede the other means. But to be at all efficient, it must be applied in connection with acupuncture. It appears to have little or no effect when the poles of the battery are applied merely to the soft parts on either side of the fracture, as the current does not appear to reach the bone at all. This is especially the case with the thigh, where the muscular covering of the bone is so thick. The patient is himself conscious of quite a different sensation when the electricity is applied directly to the bone or periosteum

by the acupuncture needle, independent of the additional power given to the current by the metallic conductor; and this sensation is usually continued for some hours after the needles have been withdrawn. It will be noticed that in all the above cases there was some union of the fractured bones, so much so that there was no crepitus to be felt, though there was in all of them a distinct false point of motion, and this had remained in statu quo, or in one case, actually growing worse, for a number of weeks, during which the application of the immovable apparatus and other means for its relief was kept up. By going back two or three years in the practice of this hospital, many other successful cases of ununited fracture treated by electricity might have been added. But I have preferred to give only these cases, which have fallen under my own notice and care during the past few months. We have also had several successful cases during the same period treated by other means, by the starch apparatus, by seton, and by sawing off, and wiring together the ends of the bones.

DR. COLTON'S CASES.

CASE 1st. *Otitis interna. Meningitis. Phthisis.*

June 20, 1850.—Henry Bertram, 19, Germany, clerk, two weeks ago was attacked, without apparent cause, with pain in left ear, which, after continuing for eight days, extended across the forehead. When admitted, suffered intense pain, day and night, in ear and head, continually moaning, "Oh, my head!—my poor head!" Intellect was unaffected, condition perfect, eyes rather sensitive to light, skin warm, pulse variable, usually about 90, and soft, bowels confined. (Hair was closely cut, ice applied to head, C. C. to temples, and cal. xv. followed by enema.) 30th. Bowels were freely opened, pain, &c. as before. (Continue cold to head, mercurial purges daily.)

July 5th.—No cessation of pain; strabismus of left eye, which was turned inward; pulse about 56; skin cool; last night sank so low that free stimulation with external heat was required. Intellect unimpaired, save that he sometimes re-

peated or drawled his words. (Emp. Vesic. behind ears. Potass. Iod. grs. x g. 3 h.)

8th.—Copious purulent discharge from left ear, also a purulent and fetid discharge from Eustachian tube, hawked up from the fauces, or discharged through the nose. Pain much diminished; slept well, the first quiet night since admission, although anodynes had been freely exhibited. Has strabismus of left eye, diplopia, ptosis of right eyelid, and partial paralysis of left arm and right leg. Eats, drinks, and sleeps well; is free from pain. (Continue Potass. Iod.)

August 10th.—Has been slowly gaining in general strength; is able to walk, with a little assistance; intellect unimpaired; diplopia, ptosis, and partial incomplete paralysis remain; bowels regular; appetite fair; pulse has, for some weeks, been increasing in frequency. Within a few days, signs of pulmonary difficulty have presented themselves, cough, expectoration of opaque mucus, partial dulness on percussion over right lung, posteriorly, with bronchial respiration and mucous rale. Percussion under clavicles good, and respiration fair. (Ol. jec. Asel. $\frac{3}{4}$ ss ter in die. Porter and nourishing diet. Palliative remedies, pro re nata.)

25th.—Has rapidly grown worse. Harassing cough. Tubercular expectoration, amounting to nearly a quart per diem; hectic; night-sweats; diarrhœa and rapid emaciation. Physical signs as before, but still more distinct.

26th.—Gradually sank and died.

Autopsy 18 hours after.—Head. Arachnoid generally thickened, especially over left lobe of cerebellum, which was adherent, and with difficulty taken out. A collection of pus, amounting to two drachms, occupied the lateral edge of the left lobe of cerebellum, a part of the wall of the abscess being the dura mater. This was lined by distinct membrane, about one line in thickness. Membrana tympani was destroyed. The tympanic cavity was filled with pus and a clot of blood.

That portion of the petrous bone which lay just superior to the tympanum was carious, and filled with pus, a mere shell of bone hemming in the purulent collection in the tympanum and that in the cerebellum.

Thorax. Both lungs bound down by adhesions more or

less complete. Left pleural cavity contained a small quantity of serum. Both lungs contained quantities of caseous tubercle, which, in the right lung, had gone on to softening. The whole middle and lower parts of the right lung were riddled with vomicæ, partly filled with pus and softened tubercle. Apex of lung quite healthy. Other organs normal.

Physicians in attendance, Dr. J. H. GRISCOM and Dr. H. D. BULKLEY.

CASE 2d. *Gastritis with Anomalous Symptoms, from drinking Soda Water.*—July 27, 1850. John Joyce, 25, Ireland. Has kept a fruiterer's stall, for many months, where he has had charge of a soda water fountain. Has been in the habit of drinking freely of the soda water, many times during the season. For the past five or six weeks, without apparent cause, has experienced loss of appetite, pain in epigastrium, with a severe weight, which often extended through abdomen. For the same period his bowels have been very much confined, and he has vomited almost every thing swallowed, whether solid or liquid. Now he vomits every thing he eats or drinks; bowels confined; stools scybalous; epigastrium tender on pressure, and more full than natural. He has an anxious countenance, and a wild staring look: is restless, appearing like one agitated by fear of some impending calamity: perspiration stands upon his forehead, even in a cold day. Pulse irritable, about 96. (Hirud. med. No. xij to epigastrium: bowels to be opened by enemas: ordered to take milk, chicken soup, or beef tea $\bar{z}$ i. q. 3 h.)

Aug. 4th. Has not vomited since July 28th, has gained steadily in strength and general appearance. Now begins to partake freely of ward diet.

Aug. 7th. Discharged, cured.

Physician in attendance, Dr. J. H. GRISCOM.

CASE 3d. *Hæmaturia from the vapor of Turpentine.*—Sept. 17, 1850. Bennett Jones, 38, Eng. seam. Recently arrived in port, in a ship employed in the exportation of Turpentine from Wilmington. N. C. Was attacked four days ago with severe pain in back, fever, anorexia and thirst. Urine became scanty

and bloody, and thus continued until admission. Now no blood is perceived on applying the usual tests for albumen. Patient states that during the passage, the odor of the turpentine was so strong as to drive the men from their berths below, and that the urine of all hands had a strong terebinthinate smell: also states that he has been engaged in the turpentine trade for two years, and that he has during that time known many—not less than a dozen—who have been attacked in the same way, with lumbar pain and bloody urine, which has continued for some days and then passed off, leaving the subjects perfectly well. Has himself been attacked once before and recovered in a few days. Now the patient is free from fever, has fair appetite, and feels quite well but feeble.

Sept. 24th. Discharged, cured.

In attendance, Dr. J. A. SWETT.

Dr. Harris of the city Dispensary informs me that, last summer, three cases with the same symptoms fell under his notice. They lived in the city, but had been hard at work for two days and two nights, engaged in unloading a vessel freighted with turpentine.

CASE 4th. *Enteritis Peritonitis. Two ani formed by Ulceration, one in each groin.*—July 4, 1849. Abraham Schwartz, 29, German, pedler. Just arrived in port from Chagres. Became sea-sick about one week ago, after which was attacked with relaxation of the bowels, attended with severe abdominal pain. Patient does not know whether discharges were dysenteric or otherwise. Now has extreme tenderness on pressure; skin moist; tongue lightly furred, white with edges red. Pulse 90. (Warm bath. Emollient Cataplasm, R. Cal. gr. ij. Pulv. Dov. gr. vi-mx. q. 4 h. Bland nourishment.)

July 5th. Pain in bowels extreme; pulse rather increased in frequency; two stools, thin, fœcal. (Hirud. med. No. xxiv to abdomen. Opium in doses sufficient to relieve pain.)

July 16th. Has continued nearly as before, but more free from pain. Is extremely weak; bowels opened once or twice a day. Has taken no mercurial for some days, no action on gums having been produced.

July 20th. Marked fulness observed over the hypogastric and inguinal regions, with increase of tenderness on pressure.

Aug. 2nd. Fullness and tenderness have kept on increasing until yesterday, when redness and a disposition to point were observed in either inguinal region, where are now two small openings, through which fœcal matter escapes. Is extremely weak; skin cold; pulse rapid and almost imperceptible.

Aug. 3d. Died.

Autopsy 12 hours after death.—In both inguinal and iliac regions, the intestines were agglutinated extensively, both to themselves and to the walls of the abdomen, so firmly that they could not be detached without tearing the intestines, whose whole tissue was much softened. They also had formed openings into each other by ulceration, so numerous, that they seemed more like an areolar than a tubular structure. There was no opening into the cavity of the peritoneum.

Physician in attendance Dr. J. H. GRISCOM.

CASE 5th. *Chronic Arachnitis.—Paralysis and Death.*—

July 8, 1850. Louisa Cundy, 26, England, married, was attacked about one year ago with vertigo, which, after continuing about five minutes, disappeared, leaving her free from pain or other disagreeable symptom, but followed by incomplete paralysis of both legs below the knee. This paralysis gradually disappeared during the subsequent month, after which, she enjoyed two months of good health, then was attacked again with vertigo, as at first, and followed by exactly the same results—one month of incomplete paralysis and two months of uninterrupted health. Then a third attack like the first *not immediately* succeeded by paralysis. After the lapse of some weeks, the paralysis commenced, and has been slowly increasing to the present time. Now, cannot stand alone; has less power in right leg than in left; sensation unimpaired; has, lately, had paralysis of sphincter ani and bladder; much pain over bladder and external parts of generation; has retention of urine, which, when drawn off, is bloody, ropy, and quite fetid. Has almost complete amaurosis of right eye, and can hardly distinguish

figures of large size with left eye. Hearing quite perfect; intellect undisturbed; memory much impaired. Is very feeble; appetite poor; pulse, tongue and skin natural.

(Gentle stimulants and tonics; nourishment.)

July 18th. Urine has flowed freely, for some days past. When moved from the recumbent position, pure florid blood trickles from the urethra. For several days she has vomited nearly every thing swallowed: has also had troublesome hiccough, both of which were arrested by a blister over stomach, dressed with Morph. sulph., and swallowing pounded ice. Toward the last had considerable heat of skin. To-night, quietly sank and died.

Autopsy—fourteen hours after death.—Brain, general appearance and consistence about normal. The arachnoid covering posterior and inferior portions of cerebellum was much thickened and quite opaque. The arachnoid lining the dura mater was, also, very thick, and could be torn off in large patches by the forceps, bearing pretty hard pulling. The ventricles were much distended with limpid serum, and the vessels ramifying over their walls were markedly enlarged. Stomach showed spots of great vascularity, and patches of ecchymosis. Bladder showed its interior quite red, the mucous membrane being thickened, and covered with a layer of lymph.

CASE 6th. *Hypertrophy and induration of cellular tissue of legs.*—Oct. 3, 1849. Edgar Bissel, 23, N. Y., seaman, is a hearty robust man of sanguineous temperament. Presents himself with swelling affecting both legs and the backs of feet, the feet, anterior to the malleoli, being of natural size. The right leg is much larger than its fellow—nearly double its natural size, and nearly as large around the ankle as around the calf of the leg. It appears firm, shining, hide-bound, and can be made to pit a very little on long-continued and firm pressure. Has pains in limbs, and traces of an eruption over body and limbs, syphilitic in character.

He gives the following account of this affection. He states that he was a private under General Scott, in the Mexican war; was healthy during the campaign, but on his return, was seized with diarrhœa, which lasted from May 20th, 1848, until the following June. Was then, sick in the N. O. Hospital with fever,

for ten days. On July 30, the day before leaving the hospital, first observed œdematous swelling of both feet. Was much emaciated at the time, and continual diarrhœa retarded convalescence. About Sept. 15th, two superficial ulcers appeared on anterior of right leg, which, from that time became more swollen than the other, although, previously it had been the better leg. Hitherto, the swelling had been merely œdematous, and completely subsided during the night, but after the ulcers appeared, right leg became very sore and tender on pressure. Could not walk on foot, nor endure it in a depending position.

The ulcers healed in November, but the legs continued to swell and become quite hard, though the tenderness diminished: general health had become quite good. The leg has continued thus swollen and indurated until the present time.

(Potass. Iod. frictions with Ung. Iod.; firm compression with roller.)

Dec. 1st. On the 20th Nov., was attacked with erysipelas of right leg, with severe constitutional symptoms, which, in a week or two, completely disappeared, after which attack, the leg diminished in size more rapidly than before.

June 1, 1850. Has had, since last note, seven attacks of erysipelas—two of leg and five of face—is now quite well, and is acting as nurse in the wards. The right leg still presents some swelling, with hardness, but much less than formerly. Can easily draw on and wear a boot of ordinary size. In attendance, Drs. SMITH, SWETT, GRISCOM and BUCKLEY.

Remarks.—This curious and rare affection is mentioned in Chelius' Surgery, vol. 1, p. 120, et seq.

Gulliver reports a case, almost exactly similar, in Edin. Med. and Surg. Journal, vol. xlv.

The few cases that have occurred, have been observed in soldiers, during or after a campaign. The disease probably consists in an inflammation of cellular tissue, in which lymph is thrown out and organized, together with slight serous infiltration.

ART. IV. *Report of a Case of Pneumonia of ten weeks' duration.*
By DEWITT C. ENOS, M. D., of Brooklyn, N. Y.

The unusual and, so far as I know, the unprecedented duration of pneumonia in this case makes it worthy of record. The ordinary existence of this disease is about *ten days*. "In the one hundred and twelve cases collected by Andral, the duration varied from four days to six weeks, but one only was thus protracted; twenty-three cases, each seven days, and only fifteen of the one hundred and twelve instances continued longer than a fortnight."

This case, the duration of which was about seven times the usual period, occurred in a boy, aet. 14 years, of previously good general health, without any predisposition to scrofula or phthisis, but of rather a flaccid constitution.

He was taken, on the 11th of April, with chills, pains in his limbs, head, and chest. I saw him on the 14th, and found him hot and florid, pulse frequent and hard, deep inspiration, very painful; cough, with slight expectoration of mucus, no dulness on percussion; neither could I detect any crepitus. On the 15th, the symptoms were more intense and the expectoration was a tough and bloody mucus. This sputa lasted some forty-eight hours and subsided, when but little cough remained. The crepitation on the 15th was quite distinct in the base of the left lung, this part was also dull on percussion. The right lung and the upper part of the left were free from disease; bowels were costive; urine scanty and high colored, and the skin hot and dry. The inflammation travelled up gradually, and, at the end of a week, the whole lower and posterior part of the left lung was involved. A slight crepitus was now heard in the base of the right lung, but this soon yielded, and this lung remained free and normal thereafter. At the end of two weeks the whole of the left lung was dull on percussion, and gave distinctly to the ear, broncophony and bronchial respiration. Expectoration very tenacious and raised with difficulty. Respiration rapid, from forty to fifty per minute; inability to lie on the right side; pulse very frequent, and ranged from one hundred and twenty to one hun-

dred and forty *throughout the continuance of the disease*. At the end of the third week, resolution began to take place in the part first affected, as was evident from the appearance again of mucous crepitus and a little resonance. Resolution seemed to follow in the track of the inflammatory process, except that the apex, which was involved last, was cleared up before the more central part. During the last three weeks there was but little cough and no expectoration. At this time his appetite was good. He had some night-sweats, and he became much emaciated. At the end of ten weeks, I ceased to visit him, as the lung was resonant and nearly free from disease. He has since become tolerably strong, and now, Aug. 20th, the lung has been much absorbed in the middle and lower parts, causing a considerable falling in of the walls of the chest.

Treatment. He was purged with calomel and jalap, and tart. antim. et pot. given ad nauseam. On the appearance of the bloody speuta he was bled about twelve oz., after which the antimony was continued. After dulness on percussion appeared, hyd. submuriatis was given, with a view to its constitutional effect. Blisters and mercurial unctions were also used. Ptyalism was not produced, although, as the disease advanced, it was sought for several times. Iodine and pot. iodide were afterwards given to promote absorption. Dry cups were freely used, and blisters, which healed readily and gave but little pain, were frequently repeated. His diet was light and unstimulating. This is an outline of the main remedies that were relied on, and though they seemed to have but little effect at the time, yet I had the satisfaction of seeing my patient ultimately recover.

ART. V. *Report of Two Cases of Rupture of the Uterus, with Remarks.* By HENRY A. HARTT, M. D., of New York.

To the Editor of the New York Journal of Medicine.

Dear Sir,—The following is an account of two cases of rupture of the uterus, which have fallen under my observation in the course of my practice.

There is no accident which can occur in the whole process of parturition, which is so formidable in its nature, and which so generally sets at defiance the efforts of art. Unnatural presentations, convulsions, and hemorrhage, may almost always be rectified with certainty by prompt and judicious management; but the records of our science furnish us with slight ground of hope in the event of rupture of the uterus. A case indeed occasionally happens where recovery from this terrible accident does take place, but such instances are exceedingly rare, and serve rather as incentives to duty than as sources of confident expectation. It is however pleasing to know that an evil so fatal in its character is generally the result of gross neglect and mismanagement, and that it can seldom occur under the care and vigilance of a skilful accoucheur.

CASE 1st. Mrs. —, the wife of an artilleryman in the British service, was attended in the commencement of her labor by an illiterate midwife. The surgeon of the regiment was not proficient in obstetrics. The presentation was supposed by the attendant to be natural, and she cheered the spirits of the unfortunate patient, with repeated assurances of a speedy termination to her sufferings. At length, about 26 hours after labor began, the patient suddenly exclaimed that something had *given way internally*. The pains immediately subsided. Soon afterward Dr. — was sent for, who remained with her during the night and in the morning I was consulted. When I entered the room the Doctor was wiping his lancet, and upon inquiry into the nature of the case, he told me that there was extreme rigidity of the os uteri, and that he had just bled her freely on that account. At his request I proceeded to examine for myself; I found the uterus lying behind its natural position. There was no rigidity of the os, and upon pressure with the finger upward, there was an absence of the usual resistance or weight. I instantly suspected a rupture, and with a view to determine the point, I introduced my hand gently into the uterus. My suspicion was confirmed. I told Dr. — that the child was not in the uterus at all. "Bless me," said he, "where is it?" I explained to him that a rupture had taken place, through which it had escaped into the cavity of the abdomen. The patient was now sinking rapidly. The child was dead, and I advised that she

too might be allowed to die in peace. An examination of the body was made 24 hours after death. There was an opening several inches in length through the cervix uteri. The child and placenta were lying among the intestines. There was a large effusion of blood.

The first question that arises upon the consideration of this case is, Could this injury have been prevented?

The patient had borne several children, and was in good health up to the period of the commencement of labor. There is good reason to believe that the presentation was natural. The woman had suffered more than 24 hours, and according to the statement of the midwife, the head of the child had reached the perineum, and she expected every moment that all would be over. Under these circumstances the forceps should undoubtedly have been resorted to. Here then is an admirable illustration of the ignorance and folly of those who fancy that labor, when the presentation is natural and there is no particular deformity of the pelvis, may safely be intrusted to nature.

The next question is, whether the immediate removal of the child would have afforded a chance for the recovery of the mother. As I have before intimated, cases of this kind have occasionally occurred, where the operation of turning has been attended with success. It should most certainly have been performed, and the failure on the part of the medical man who saw her, to detect the accident, may well serve as a warning to young practitioners to exercise great vigilance and care in forming a diagnosis in such cases. The mistake of supposing a rupture of the uterus to be a rigidity of the os, and the consequent error of bleeding a patient, whose only possible hope lay in the preservation of her strength, were as discreditable to science, as they were painful to humanity.

CASE 2d. In the month of May, 1846, I was sent for to see Mrs. Leslie. She lived 50 miles from my residence, and I did not reach her until she had been in labor three days. She looked pale and exhausted, her respiration was accelerated and somewhat laborious; pulse 108; she had suffered no pain for more than 12 hours. Upon examination, I found that the

shoulder presented ; that there was a laceration of the neck of the uterus, through which the head, and the head only, of the child had passed. I immediately seized the feet, and delivered with little difficulty. I gave the patient an anodyne, and waited beside her four hours, expecting that she would die. At the end of that time however she seemed to be better, and I began to cherish some faint hopes of her recovery. She did recover, and about 18 months afterwards, she was delivered of a living child upon a raft in the river, without assistance of any kind.

On the 13th October, 1849, I received a summons to visit her again on a similar occasion. When I arrived she had been in labor four days. She was very weak ; pulse 118 and feeble ; breathing very hurried. The account I received from the attendant was, that the hand presented, that her pains were severe, and that 24 hours after they began, a snap was distinctly heard by her friends around her couch ; that the hand receded, and from that moment the labor had been suspended. Suspecting the true state of the case, I instantly examined, and found a large opening precisely in the seat of the former rupture, and passing on my hand, I felt the child in the cavity of the abdomen. The patient was so far exhausted that I was unwilling to interfere. I described both to herself and to her friends her alarming position, and stated that, owing to the length of time which had elapsed since the accident occurred, I feared that no operation could prove successful. They all however expressed great anxiety that an effort should be made, and at their repeated and earnest solicitations I proceeded to turn and deliver her *via naturales*. The operation was performed with great gentleness, and particular care was taken to avoid unnecessary injury to the bowels. I remained with my patient several hours, administering anodynes and restoratives, but in vain. She gradually sank and died 36 hours after delivery. The interesting feature in the case of this patient was, her complete recovery from the first rupture, and the perfect union of the parts, a union sufficient to sustain the violence of the unassisted delivery of a large and vigorous child. There can be no doubt too, that if a skilful Physician had been at hand to perform the operation of turning, in the commencement of the third labor, both the life of the woman and her child would have been preserved.

ART. VI. *Extracts from the Reports of the Proceedings of the New-York Pathological Society.* (Selected and prepared by Committee of Publication.)

Report of a Case of Introsusceptio Ilii. By ELISHA HARRIS, M. D. Reported by C. E. ISAACS, M. D.

At 6 P. M., April 3, 1850, I was called to see Mr. D. a strong muscular man of 47, and employed as a laborer. Three years ago, he had had an attack of peritonitis, and since that time his bowels have generally been costive, but occasionally he has suffered from diarrhœa, and from attacks of colic—and at times complained of severe stitches in side and throughout his abdomen. I last summer attended him in a severe attack of cholera, terminating in peritonitis, from which he recovered, after having been placed under the full influence of mercury. Yesterday, I was informed that he had eaten an enormous quantity of pickled clams, and drank freely of brandy—and during the day, had suffered much from diarrhœa. To-day he rose at 6 A. M. and went to his store, feeling as well as usual—took breakfast at eight—and immediately afterwards engaged in lifting heavy casks of sugar: at a little past nine—while thus engaged—he was suddenly seized with severe pain in the umbilical region, which was so excruciating as to make him almost frantic. In a short time he commenced vomiting, which continued at intervals for four hours. From the description given of the matter ejected, I am not satisfied that the vomiting was stercoraceous. A physician was called, who treated the patient with *Tinct. Cayenne* and applied sinapisms. From the account given of him by the wife and friends who were with him, the patient seems to have lain in a condition of partial collapse for nearly *six hours*.

At 6, I found the patient moderately warm, skin moist, but the perspiration seeming more like an exudation, than like a normal secretion. The pulse was about *seventy*, small and quick; respiration, thoracic and cautious; countenance, anxious; tongue, clean; decubitus curved, and the limbs drawn up. He is constantly moaning, and at times cries out,

during paroxysms of excruciating agony. He complains of insatiable thirst; he says that he feels most pain in the lower part of the abdomen.

The abdominal muscles are tensely, and, at times, spasmodically contracted. I am not able to detect any *rolling* of the intestines, nor, indeed, to feel them at all, so rigid are these muscles. On pressure and percussion over the abdomen, he does not complain of increased pain.

On percussion, I find unnatural dulness over that portion of the abdomen extending from the umbilicus to the pubes, and laterally about two and a half inches on either side of the median line.

Upon auscultation, I hear in the umbilical region a peculiar gurgling sound, much like that I have heard in cases of peritonitis. Besides this, I hear another and louder gurgling, which seems to be limited, at a point a little below the umbilicus.

As he had not micturated since his attack this morning, I introduced a catheter, and drew off nearly a pint of high-colored urine. Dulness on percussion above the pubis was not affected by this. Patient has had no alvine dejections since yesterday, when he suffered from profuse diarrhœa. He is positive that he is to die in a few hours, and that no medical aid can relieve him.

Diagnosis. Somewhat obscure, probably introsusceptio, or some form of intestinal stricture.

Treatment. Administered, per anum, a strong *decoction of Hops*. Gave him *Morphiæ Acitas* grss., and ordered,

Rx

Spirits Lavender, comp.

Do. Nitrici dulcis.

Syrup *Ipecac*, a. a. ʒi M. every hour.

Added to these, the patient was allowed *Hop tea*, to quench his thirst, and to the abomen and feet sinapisms were applied.

April 4th.—Visited the patient again at 6 P. M.; found him easier than when I left him last night. He has slept some. Occasionally he has raved with pain, but not so severely as yesterday. Twice his extremities have been cold—he is now quite warm. He has had no alvine evacuations, has passed

about *half a pint* of high colored urine. Pulse rather more feeble than yesterday. No marked change in the abdominal symptoms.

Treatment. Same as yesterday.

April 5th.—Was called at 4 P. M., and found the patient writhing with pain; pulse scarcely perceptible; skin cooler than at previous visits; countenance more anxious; voice feeble, &c. I learn that he vomited freely last night, and I find that the matters ejected do not seem to be stercoraceous. He has had but little rest since I last saw him. During the day the bowels have been rolling, and, to use his own expression, “sometimes *tied in knots*.” Not having passed any urine since my last visit, I asked him to rise, and allow me to introduce the catheter. He rose without any difficulty, and I introduced the catheter, but found the bladder collapsed and empty. About two minutes after, as I was leaving the room, and he was attempting to get upon the bed (a high one), he fell back into the arms of his wife, *dead*. I was by him in less than *ten* seconds, and immediately putting my ear over his heart, found that it had ceased to beat. He died without a struggle or groan.

Post mortem examination. April 7th.—(Abdominal viscera only examined.) Found all the organs normally located and developed. The Peritoneum was deeply and universally injected, and upon all that portion below the umbilicus there was recent fibrinous effusion. The entero-peritoneal surface was, in many portions, covered with well-organized recently effused fibrin, which, at many points, had pretty firmly agglutinated intestinal folds, not before held by old adhesions. Very firm old adhesions and agglutination were observed throughout the entire abdominal cavity.

A little to the right of the median line, and extending from the umbilicus, nearly to the pubes, was an introsuscepted portion of ileum, the sheath of which had a gangrenous appearance. Upon examination of the parts *in situ*, it was found that the part invaginated had burst through its sheath, at its most depending portion, and that a trifling extravasation had taken place therefrom.

At two other places there were sloughs in the sheath. Here, most obviously, was revealed the cause of death.

The next point of interest in the examination, was the fact, that while all the folds of intestine adjacent were extensively and firmly agglutinated by old adhesions, this portion, which was found invaginated, seemed to be quite free from adhesion in all its superior portion, with three or four points of agglutination inferiorly.

Aside from this strangulated portion, the entire alimentary tract seemed to be in a healthy condition, as did also the liver, kidneys, and bladder.—*April 24th, 1850.*

Case of Necrosis of Tibia, followed by spontaneous Fracture, necessitating amputation. By CHARLES D. SMITH, M. D.

Dennis Fitzpatrick, aged 48, born in Ireland, a laborer, of temperate habits, admitted to Bellevue Hospital February 18th, 1850. His father and mother were healthy, and died in old age. Always enjoyed good health until during the year 1835, when he fell through a scaffolding on some unmounted cannon and rocks in a fortification. The accident disabled him for work for three days. In the winter of 1840 worked in mud and water knee deep, from which he felt no immediate bad effects. But in the following fall an ulcer, a quarter of an inch in diameter, formed over the anterior aspect of tibia of left leg, at the junction of middle and upper third, which discharged a thin pus and several small spiculæ of bone, about the size of the little finger nail; the ulcer however did not heal.

On the 17th of September, 1844, an operation was performed by Dr. Greene at the Eastern Dispensary, for the removal of the dead bone. The operation consisted of making an incision over the course of the spine of tibia down to the bone, dissecting the soft parts from the bone, and removing with a chisel the portion diseased. The wound healed in ten months with the exception of a small portion, about a half inch in length, at the junction of middle and lower thirds of leg. He then went to work on a farm, and continued it for two years. The portion of bone removed by the operation was not reproduced. While at work on the farm, he contracted syphilis, for which he was mercurialized.

In the spring of 1849, the ulcer left after the operation

commenced enlarging, and another formed above the site of former. These ulcers enlarged and grew deeper, and more bone exfoliated. Afterwards the patient's health became much enfeebled, his pulse was habitually over 100: appetite poor, bowels inclined to costiveness, probably from the pill of opium which he took at night to produce sleep: he was tremulous in his motions. The ulcer occupied the middle three-fifths of the leg, and was two inches in depth; almost the whole of tibia in this part was destroyed and the excavation remained: foot œdematous.

Treatment.—The diet was full, with beer and brandy, and he also took quinine gr. ij three times a day, and opium gr. i at bedtime,

April 15th. The tibia was discovered to be broken. Spontaneous fracture about four inches below the patella.

April 30th. A consultation of the Surgeons of the Hospital was called to determine the propriety of amputation, and it was concluded to be necessary for the patient's preservation to remove the leg. This was accordingly done on Monday, May 6th. The patient recovered rapidly from the operation.

It may be remarked, that this case is interesting, as showing inflammation of bone resulting in necrosis, which had been removed and recovery partially effected, with the recurrence of the disease after syphilis and mercurialization, followed by spontaneous fracture.—*May 8th, 1850.*

Case of Encephaloid Tumor of the Abdomen weighing 30 lbs.

By Dr. WATKINS. Reported by Wm. S. BOWEN, M. D.

Dr. BOWEN presented a large abdominal tumor weighing 30 lbs., received from Dr. Watkins, of Liberty, Sullivan County. The patient from whom it was removed was a female aged 30 years, the mother of two children. During her recovery from her last confinement, about three years prior to her death, she felt as if something had given way in her abdomen: 18 months after this, she supposed herself pregnant, from the enlargement of the abdomen and the suppression of the menses. Six months after, expecting anon to be confined, she

was examined by a physician, who pronounced her disease enlargement of the liver.

Dr. Watkins saw her in February, and found her emaciated and cachectic, with a vast protrusion of the whole right side, from the thorax to the ileum, extremely tense and covered with ramifying cutaneous veins; pulse normal in frequency, but small and feeble, tongue natural in appearance; was able to walk about the room. She described her pain as of a dull, pressing character. She had been under the treatment of a quack for a year. Dr. W. considered her case hopeless, but advised her to consult some experienced surgeon in New York. She did so, and on her return home lived but four weeks.

Post mortem examination.—On opening the abdomen a tumor made its appearance, occupying the whole right side, elevating the diaphragm and separating the ribs from their connection with the vertebræ, at the same time surrounding three of them, extending below and behind the kidney of this side, which seemed at first a part of the tumor, but upon dissection was found, though healthy, firmly adherent, and forced from its place in front of the tumor. The liver was compressed and displaced, lying partly on the tumor and partly on the stomach, and in a healthy condition: the stomach was much contracted, but all the abdominal viscera appeared healthy. The tumor was firmly and entirely attached to the peritoneum, lay upon the vertebræ, and had large blood-vessels extending into it. The most extensive point of attachment was to the vertebræ. The tumor, which was of the encephaloid variety, was laid open, and a large ossific deposit was found in its centre, radiating to its circumference.

Dr. VAN BUREN inquired if any member had seen ossific deposits in strictly encephaloid tumors, unconnected with bone structure, the uterus or its appendages.

Two tumors, encephaloid in their character, originating in the liver and kidney, have been exhibited here recently, but there was no bony matter in either of them.

Dr. MARKOE said he would not offer an opinion as to whether the tumor originated from bone, or was fibrinous at its commencement: but he inclined to the view taken by Dr. Stevens in a discussion before the Academy of Medicine on the subject

of malignant and benign tumors, that bony tumors presenting a lamellar surface, are probably non-malignant.

Dr. PARKER referred to Sir Astley Cooper's distinction under the head of exostosis, that tumors occurring external to bone are benign, while those originating within its structure are malignant. In the cases originating within the bone, there was no bony substance in the mass of encephaloid disease. He had presented a specimen of this disease in the tibia, in which the mass was as soft as ordinary encephaloid disease; has seen one case in which portions of bone had been absorbed, but there was no insulated bone in the centre of the tumor; has never seen a case, except in connection with the uterus, where there was a mass of bone within the tumor.

Dr. SABINE said it would be interesting to see if the tumor did not commence at the ribs, from its point of contact with them. He had, at a former meeting, exhibited a uterine tumor, to show that fibrous tumors are changed into cretaceous or bony matter.

Dr. VAN BUREN did not think it could be shown that smooth bone tumors are not malignant; for in cases of encephaloid disease of the antrum maxillare, they present at one period a smooth appearance, but are malignant. Had seen a case in which disease began at the knee; another in the foot, in which spina ventosa existed, the cancer commencing in the bone and being externally osseous and smooth; another originating in the hand, for which amputation was performed. The disease reappearing again in the crista of the ileum, the bony matter radiating therefrom into the diseased mass.

Dr. MARKOE said the point urged by Dr. Stevens was, that a tumor, the structure of which is bony lamellæ, is not malignant. Dr. Van Buren's objections do not apply, as the tumor is developed within bone which is displaced by the tumor, and this is true of all, for being developed in the shell of bone, it distends its bony covering, and thus presents a regular surface, with which however it was never connected.

Dr. PARKER said the tumor may be of any shape, lamellæ amount to nothing. Malignant disease may be deposited on the external or internal portion of the bone; it is the same whether in the brain, liver, or bones. He exhibited some pre-

parations from the College Museum to illustrate his views, and said, in forming a diagnosis the malignant tumors have an elastic feel. No practical advantage can be derived from the lamellar surface of a tumor, as it can be discovered only after its removal.

Dr. MARKOE inquired if any member had ever seen a bony tumor, of a malignant character, arranged in a lamellar form; he thought it easy to examine the surface of a tumor by touch, and if found continuous, he should pronounce it benign.

Dr. PARKER differed in toto from Dr. Markoe's views.

Dr. MARKOE would re-state his opinion, that when a tumor connected with a bone, or situated upon bony structure, is lamellar on its surface, it is probably non-malignant; exclusion being made of that in which the tumor is developed within the bone.

Dr. PARKER recollected a case of the sub-maxillary gland presenting a smooth, regular surface, and so firmly attached to the under jaw, as to make it impossible to decide whether it was an exostosis or the gland: it was supposed to be exostosis, but, on attempting its removal, it was found to be the gland; it was cancerous.

Report of the Special Committee on Dr. SNELL'S Case of Poisoning by Bromine. Forwarded to the Society by Dr. SCHAPPS of Williamsburgh, and reported by Dr. SAYRE.

[The following is the report of the Special Committee appointed by the Society to report on the case recorded at page 179 of this volume of the Journal, and the account of which was forwarded us for publication by Dr. Snell, under whose care the case occurred.—ED. N. Y. JOUR. MED.]

The Committee appointed by the Society to report on the specimen of poisoning by bromine, recently presented to the Society by Dr. Schapps, respectfully submit the following

R E P O R T .

A. H., aged 24, of good health and temperate habits, a daguerreotypist by profession, residing in Williamsburgh, near the city of New-York, at half-past 6 A. M., on the 29th of May, 1850, swallowed one ounce, by weight, of bromine, for

purpose of self-destruction. The immediate symptoms, as reported by his medical attendants, were, of spasmodic action of the muscles of the pharynx and larynx, and great difficulty of respiration. This was soon followed by intense burning heat in the stomach, with great anxiety, restlessness, and trembling of the hands. The pulse was rapid, tense, and corded, and the respiration greatly hurried. The stomach was entirely empty at the time of taking the bromine. Previous to the arrival of medical assistance, a quantity of carb. ammonia was exhibited. An unsuccessful effort was made to use the stomach pump; an emetic of sulph. zinc, and afterwards carb. magnesia, in solution, with albumen, was given, which produced vomiting only when the stomach was distended. At other times there was no nausea or vomiting. The symptoms above described, increased in intensity; the hands and feet became cold, with failure of the pulse, &c., until 2 P. M., when he died, seven and a half hours after having taken the poison.

Post mortem, seventeen hours after death.—On opening the abdomen, the external and anterior surface of the stomach was vividly injected; the lesser curvature to a great degree. Near its middle, was a softened ecchymosed spot, an inch and a half in diameter; posteriorly were several smaller and similar spots, surrounded by red borders. The external surface of the duodenum was also vividly injected; the mesentery minutely injected, and a portion of it nearest the stomach was stained of a deep yellow color, as were also other parts lying immediately beneath the stomach. The spleen and liver were of normal appearance. The pancreas much injected and deeply stained. The stomach contained about 4 oz. of thick fluid, resembling port-wine dregs, and exhaling faintly the odor of bromine. Its whole internal surface was covered with a thick layer of black deposit, resembling coarse tanned leather, with intense submucous injection. There were about 4 oz. of fluid in the pericardium. The lungs were gorged with blood.

Remarks.—On examination before the Society, the internal surface of the stomach was of a nearly uniformly dark

color and presented an appearance, as if a mixture of charcoal and gum arabic had been spread over its mucous surface, and then allowed to dry and crack open in very numerous places. On gently rubbing or scraping off this black substance, the epithelial lining was found to be completely destroyed, leaving only a very thin portion of the mucous membrane. The color gradually diminished towards the duodenum, and in this intestine was ash-colored, or light gray. There was very considerable submucous injection of the stomach, and in some spots extravasation. The same appearance, though of less extent, was observed under the peritoneal coat.

When we consider the physical and chemical properties of bromine, its nauseous and suffocating odor, its irritating effect upon the nostrils and organs of respiration and deglutition, and its corrosive quality, it is surprising that such a substance should ever have been selected for the purpose of suicide; but still more so that the patient should ever have succeeded in swallowing it. It is probably the only case on record of fatal poisoning by bromine, occurring in the human subject. Our knowledge of the poisonous effects of this substance is derived principally from the experiments of Barthez, Butzke, Dieffenbach, and Dr. Glover, on the inferior animals. From these it appears that the phenomena usually observed in these cases after the introduction of the poison into the stomach are, great rapidity and embarrassment of circulation and respiration, cries and tremors, frequent and ineffectual efforts to vomit, which, however, sometimes succeed, frequent discharge of *fœces*, wheezing, respiration, coryza, and salivation, tetanic convulsions, and towards the termination of the case, slow and forcible respiration, failure of the pulse, dilated pupil, &c. The presence of bromine has been detected in the blood, and in the urine passed before death. Symptoms similar to the above, but much more rapid, took place after injection of bromine into the jugular veins. As the quantity taken by the person whose case has just been related, was one ounce, *by weight*, and the time of his living after taking it was seven and a half hours, it may be interesting to compare this with the quantity taken by the animals,

the subjects of Dr. Glover's experiments, and the time of their survival.

Sixty minims of bromine introduced into the stomach of a strong cat killed it in seventeen minutes. "Two *measured* drachms of pure bromine killed a strong terrier dog in five and a half hours. The symptoms were, vomiting, frequent passages of fœces, tremors, cries, &c. These were gradually succeeded by moaning, stupor, heavy respiration, and feeble action of the heart. The lungs had several dark spots near their roots, and were infiltrated with serum. The greater part of the stomach had been dissolved, leaving only some blackened shreds attached to the duodenum, and another portion at the cardia, which might amount to one-third of the organ. Near the entrance of the œsophagus, the mucous membrane was deeply injected; the duodenum yellow internally, its mucous membrane thicker and harder than natural, &c., &c." As bromine is very nearly three times as heavy as water, it results, that the quantity taken by the patient was about forty grains more than that taken by the animal, while he survived two and a half hours longer, owing probably to his greater vital force, and also that from some cause, his stomach had escaped an equal amount of corrosion. In another experiment, a strong rabbit survived the effect of ten minims of pure bromine. Another from the same dose recovered, but on examination an ulcer, size of a shilling, was found near the cardia. Two measured ounces of saturated solution of bromine killed a stout rabbit in five minutes. The mucous membrane of nearly the whole stomach was white and corroded, and the epithelium separated in washing. One ounce of saturated solution of bromine killed another rabbit in a quarter of an hour. Other experiments are given by Dr. Glover, to which want of time and space will not permit us to refer. They may be found in the *Edinburgh Med. and Surg. Journal*, for July and Oct. 1842.

From what has been stated, it appears that the injurious effects of bromine are dependent upon its corrosive and irritant impression upon the stomach and intestines, producing inflammation, ulceration, or destruction of tissues, according to its lesser or greater degree of concentration. The coryza,

salivation, wheezing, and respiration, are probably caused by the direct irritant effect of the contact of bromine and its vapor, upon the respiratory mucous surfaces.

Magnesia was recommended as an antidote by Bathez, but Dr. Glover concluded from his experiments on rabbits, that the best antidotes were starch and albumen.*—*June 26th, 1850.*

Case of Gangrene of the Lungs, mistaken for Phthisis. By
JOHN T. METCALFE, M. D.

Zephanial Hall, æt. 26, a native of England, by occupation a glass-stainer, entered Bellevue Hospital, June 3, 1850, for a bad cold and cough. His previous life had been an intemperate one, and he had never enjoyed very robust health. During his earlier years, he had suffered from what had been called scrofula, although he had rarely been confined to bed by illness. His mother had probably died of phthisis, and he had lost one sister, by consumption. Nine months ago, his first serious illness occurred. This was an attack of pleurisy, for which he was treated, nearly two months, and of which he was finally cured. He continued to enjoy his usual health for sixteen weeks, when a short, dry, troublesome cough, most annoying at night, set in. This was followed, in a fortnight, by nausea and vomiting, nearly every morning, by night-sweats, by loss of appetite and of strength. About this time, the cough changed from that described, to one accompanied with copious muco-purulent expectoration, which has continued up to the present time. He has never had hæmoptosis. Two months before entrance, he contracted syphilis, for which he was salivated. At present, he is suffering from syphilitic rheumatism.

Condition on entrance. The emaciation was noted as being considerable; the countenance pale and sallow—anoxia marked; no derangement of the bowels; tongue pale and slightly furred; pulse 84, small, and easily compressed; respiration 24 in the minute, and hurried; nails, adunquæ.

* For a new antidote recently proposed by an American physician, the reader is referred to the American Retrospect of this number.—ED. NEW-YORK JOUR. MED.

On physical examination, there was marked emaciation found under the right clavicle, when there was very evident dulness on percussion. There was slight flatness also, in the left infra-clavicular region. The vocal vibration was most marked on the left side.

By auscultation, there was found under the right clavicle, bronchial respiration, prolonged expiration, and an exaggerated vocal resonance, amounting almost to broncophony. There was sibilant râle, but none of the moist rhonchi were audible. The respiration in the right supra-spinous fossa was decidedly rude. The sibilant râle, prolonged expiration, and vocal resonance were marked in degree, in the right interscapular region above the spine of the shoulder blade. On the left side, the respiratory murmur was more intense than natural, and there was a slight amount of prolonged expiration. There was also slight increase of vocal resonance at the root of this lung.

The case was considered to be one of phthisis, and the man put on the course of treatment usually adopted at that time, viz.: the best diet afforded by the house, an expectorant mixture, and half an ounce of cod liver oil, three times a day.

There was no material change observed in Hall's condition until my visit of the 12th, nine days after admission. The House Physician, Dr. Cunningham, then informed me, that about midnight on the 11th, the patient had been seized with sudden violent pain in the right side, accompanied by a severe fit of coughing, followed by vomiting. He had coughed up or vomited, at this time, a large quantity of grayish, mucopurulent matter, having strongly the odor of gangrene. He had also, at the time of the attack, been seized with dyspnœa, from which he was now suffering severely. Up to this time there had been no disagreeable odor in the breath.

Upon physical examination, in the right infra-clavicular region, between the first and fourth ribs there was, pectoriloquy, gargouillement, and remarkably distinct cavernous respiration. Nothing morbid on the left side of the chest, besides puerile respiration. The pulse was 132, small and quick; the respiration very rapid; the countenance was anxious and the mind disposed to delirium. The tongue was coated with a

dirty, whitish fur, and the breath exhaled the characteristic fœtor of gangrene. Brandy and morphine were used to support the failing strength, and to diminish the violent pain and cough, with but little success. The patient continued to sink, and died at 9 p. m. on the 13th.

Post mortem examination, in fifteen hours. The body was pale, emaciation marked. *Thorax.* On raising the sternum, the left lung collapsed as a healthy organ would have done. Subsequent inspection showed, that with the exception of a trifling amount of congestion about the root, this lung was free from disease of any kind.

The right lung was adherent to the walls of the chest, throughout. Commencing at the summit, and extending three inches downwards, the pulmonary tissue was engorged, but slightly crepitant. Immediately below the congested part, in the anterior aspect of the lung, was a grayish-black space, as large as the palm of a man's hand. This was the discolored pleura, covering a cavern, extending five inches vertically; two and a half inches transversely, and two inches in the antero-posterior direction. The anterior wall of the cavity was not more than a line in thickness. The excavated part was filled with grayish, offensive mucus and gangrenous portions of the broken-down lung. The walls were very irregular, and had opening in them numerous mouths of small bronchial tubes. The tissue of the lung around the cavity, in its immediate vicinity, was hardened by secondary pneumonia; at the root of the lung was a large, black, bronchial gland. In neither lung, after a careful examination, was there found a vestige of tubercular matter. The heart was normal in every respect. No disease of the abdominal organs.

Remarks. This case belongs to that class of thoracic diseases, in which, on account of deviation from rules subject to very rare exception, the diagnosis becomes difficult or impossible. On general principles, it would not be easy to find an instance in which so many reasons, taken from the general symptoms and physical signs combine to justify the diagnosis first made. The very absence of hæmopytisis was a point which induced me to regard the affection as tubercular; since, I have very often noticed that in rapid cases, this symptom has

been wanting. The absence of the characteristic taint in the breath and of severe constitutional depression, taken in conjunction with the want of physical signs, denoting the existence of a cavity, would have precluded, in any mind, the idea of gangrene constituting this man's disease.

In Hall's case, there must have been primary gangrene of that part of the lung described. This was circumscribed by the secondary pneumonia surrounding the cavity, and the ordinary phenomena of mortification only made themselves manifest when the bronchial tube or tubes had been destroyed, and allowed a free communication between the cavern and the trachea.—*June 26th, 1850.*

Case of Encephaloid Tumor of the right side of the Neck, in which an unsuccessful attempt at its removal was made; with remarks. By W. H. VAN BUREN, M. D.

Michael Nalon, 13 years of age, was brought to me by his mother in April, 1850, with a very large, smooth, hemispherical tumor, involving the whole of the right side of the neck. She stated that this tumor was first observed, about 9 months before, previous to which time, the boy had always been healthy and robust. She was disposed to attribute its origin to a blow that he received about this time. It was at first, a small movable knot, beneath the skin, situated at the posterior edge of the sterno-mastoid muscle, about its middle; and it had gradually and steadily gone on increasing to its present size, causing no pain, and but slight inconvenience, except from its bulk.

At present, it extends from the median line on the back of the neck, involving the whole side of the neck, to the trachea in front, and in fact slightly beyond it; above, it projects over the base of the jaw, and below is in contact with the clavicle. Its surface is smooth, very slightly irregular and lobulated; and it presents an elastic, semi-fluctuating feel over the greater part of its surface. On its surface are several enlarged and distended venous trunks, amongst which, that of the external jugular is fully the size of the little finger. The sterno-mastoid muscle can be recognized at its insertion into the clavicle

as going over the surface of the tumor. The large blood-vessels are evidently behind it. The mobility of the diseased mass is obscure. During the last ten days, it has manifestly grown with increased rapidity, and its pressure upon the trachea occasions an audible tracheal ronchus, which, when he is asleep, is very distressing, and is rapidly growing worse.

I recognized the evidently malignant character of the tumor, and gave the mother a most unfavorable prognosis. She had evidently received the same opinion already, and expressed an urgent desire that I should undertake its removal. At first I doubted exceedingly the possibility of doing this, and declined any interference; but, on further examination of the disease and its connections, and in view of the rapidly increasing danger of its producing death by suffocation, by pressure upon the trachea if let alone, I thought more favorably of an operation. This was also the view of two of our best surgical authorities whom I consulted on the subject, and as the mother was anxious, and urgent at all risks to have it attempted, I yielded to her solicitations.

I had assisted Dr. Mott within the two years previous, in operating upon three cases of similar character, and of almost the same extent of disease; two of which resulted for the time successfully, and I was so strongly impressed with the increased chances of success, in such extensive operations afforded by the use of chloroform, that I was also influenced by this circumstance to act in this case. I had noticed that encephaloid tumors of the neck in children, generally take their origin in the lymphatic glands, and from the fact, that in their growth the surrounding tissues are pushed before the advancing tumor in such a manner, as to constitute generally a sort of pseudo-cyst, and that they are up to a certain period of their growth, readily enucleable. Beyond this period, however, the neighboring tissues become blended with the disease in such a manner, that its extirpation, when extensive, becomes a matter of impracticability. Such unfortunately proved to be the case in the present instance. My design was to cut rapidly down to the tumor, and endeavor to get behind it as soon as possible, so as to cut off its supply of blood, by dividing and tying the vessels by which it was mainly nourished. The external jugular vein

laid bare by the first incision, was first secured by two ligatures and then divided between them; but on attempting to raise the superincumbent tissues from the tumor, I found that they were already involved in the disease, and possessed of a surprising degree of vascularity, whilst the extremely friable consistence of the diseased tissue, rendered it impossible to secure a bleeding point by a ligature; I cut across the sterno-mastoid muscle hoping that it might thus be rendered more movable; its substance however was invaded by the disease, and at some points formed part of the tumor. Under these circumstances, after arresting the hemorrhage, which had already caused a very considerable degree of exhaustion, it was thought more judicious to refrain from farther attempts to remove the disease and the wound was accordingly brought accurately together by sutures, &c.

Very little inconvenience followed this exploration, and during the week following, there was quite a profuse serous discharge from beneath the dressings, accompanied by a marked diminution in the size of the tumor. At the end of ten days, the incision was mainly healed, but the diminution in size continued, until, at the end of a month, it had almost entirely disappeared, a hardened mass only remaining, about equal in size to a billiard-ball. This continued stationary for a fortnight, and then commenced slowly to increase again.

At his mother's desire, he was transferred to Bellevue Hospital, where I have since watched the progress of the case. In a short time, the disease had reached again its original size; the cicatrix was destroyed by ulceration, and a fungous mass protruded, which bled readily and profusely. By using lotions of oak bark, &c., locally, with iron and nutritious diet, he was kept in a moderately comfortable state until the middle of July, when the pressure of the tumor, which was now of enormous size, upon the trachea, reproduced the difficulty of breathing. This gradually increased, and in a few days he died comatose. The immediate cause of death was obstruction to the cerebral circulation, by the pressure of the diseased mass upon the blood-vessels of the neck.

Post mortem examination of the body. The blood-vessels of the brain and its envelopes were found uniformly distended,

and the puncta in the substance of the organ were much more numerous, and larger than usual.

The tumor was found to consist, throughout, of soft, whitish, brain-like material, at some points almost of a cream-like consistence. It involved the surrounding parts in every direction, penetrating between the pharynx and vertebræ, and entirely enveloping the larynx, which was pressed into an unnatural shape.

The lungs and liver were healthy.

In the right testis was a cancerous deposit, resembling, in all respects, the substance of the tumor, and as large as a hickory-nut,

Remarks. In this case, which illustrates the invariable and melancholy fatality of this form of cancer, the circumstance of most interest, is the remarkable diminution in size of the tumor, after its attempted removal. Exploration of these tumors, even by the needle and probe, generally provokes an almost immediate increase in size, and it is rarely justifiable, except where absolutely necessary for diagnosis. The profuse local bleeding, in this instance, no doubt, temporarily checked the increase of the tumor, but its positive decrease, simultaneously with the profuse serous discharge, which was quite watery, and very slightly fetid, was a circumstance entirely novel in my experience. It was not the molecular disintegration of ulceration, for the process of cicatrization was going on fairly, in the wound, meanwhile. It seemed to be an actual dissolution or melting down of the substance of the tumor, which escaped through the opening in the integuments.

The substance of these tumors is very readily removed, by the absorbents, under the influence of systematic pressure, owing, apparently, to their comparatively low vitality and recent formation. I have seen several instances in which Dr. Batchelder, by his skilful use of the compressed sponge, has caused the disappearance of large masses of this form of cancerous deposit. In the present case, however, pressure was not available, on account of the locality of the tumor, nor do I attribute to it any curative influence. I have merely mentioned what I have seen of its influence, temporarily diminishing soft cancerous growths; in conjunction with the singular

feature in the case I have related, hoping that some farther information might be thereby elicited, which might tend to improve our knowledge of this loathsome and incurable malady.

It is a source of satisfaction to me, that decided benefit, however unexpected, followed my unsuccessful attempt to remove the tumor. In addition to its temporary, and almost entire disappearance, the division of the sterno-mastoid muscle, by permitting the growth of the disease in a different direction, had the effect of preventing a return of the pressure upon the trachea for several months, and of thus, pretty certainly, prolonging life.

The development of the disease in the testis, coincident with the period of puberty, is also a point of interest. I have never before seen soft cancer of the testis at so early an age. although Mr. Henry Earle reports a case, in the third vol. of the *Med. Chir. Transactions*, of a child from whom he removed a testicle, in a state of encephaloid degeneration, at the age of two years. The disease originated in the testis, and after the removal of this organ, returned in the form of cancerous tumors, in the substance of the brain, causing death by coma. —*July 24th, 1850.*

ART. VII. *Memoir upon the coincidence of the Tubercular and Cancerous Diatheses, with Scrofulous symptoms.* By Dr. A. LEGRAND, Chevalier of the Legion of Honor, etc., etc., etc. Translated from the *Revue Médicale*, of April 30th, 1850, for the *New-York Journal of Medicine*, etc., by C. E. ISAACS, M. D., Demonstrator of Anatomy, in the College of Physicians and Surgeons, New-York.

M. H. LEBERT and myself have established, in a memoir, which the National Academy of Medicine has distinguished, that there may exist symptoms which are purely scrofulous: that the *symptoms called scrofulous* are often nothing more than a true *tubercular phenomenon*; that we may meet in the same individual, *tubercles* in the system, and *symptoms developed under the influence of the scrofulous principle*. This is the view of Lebert. I consider that these same manifestations of scrofula are sometimes *essential*, or altogether scrofulous, often symptomatic or developed under the influence of a

more profound tuberculous affection, or, finally, absolutely tuberculous and concomitant of these same *internal* tuberculous affections. For my part, I believe, I have perfectly demonstrated, that these last maladies are purely tuberculous, and that the external manifestation has nothing more than a scientific interest. But I also think I have established, incontestably, that it often, and too frequently, happens, that the glands of the neck become engorged and ulcerated, that the articulations of the knee, elbow, and fingers become the seat of disease, under the influence of a tuberculous principle, the essential material (personification materielle) of which the *tuberculous globule** can only be found in the *interior* organs, and without the existence of this same identical material, either in the engorged gland, or in those ulcerated and suppurating, or in the articulation, however much diseased that may be. If I have not mentioned in the last case caries, which shows itself so often in the continuity of the bone, it is because this symptom is most frequently scrofulous, and that it is the most rarely connected with the co-existence of tubercles in the interior organs.

One point, in my view, is the existence of diseases, scrofulous in appearance, and which, in reality, are tuberculous, or, according to M. Lebert, the co-existence, in the same individual, of tubercles and scrofula. This is not all, it may even happen to certain persons, destined, from their birth, to a certain and painful death, (and to prove to the physician, his absolute inefficiency,) that an individual may be at the same time, *tuberculous*, *cancerous*, and also (but only in appearance) *scrofulous*. I have had occasion to meet many cases of this kind, in my lectures (cliniques ?) and to observe one, in the hospital. It is by the detail of one of these facts that I shall enter fully upon the subject.

CASE 1st. *Numerous engorgements of the glands of the neck. Right Maxillary gland scirrhus—cancerous tumor in the anterior mediastinum.*—G. L., 30 years of age, of lymphatic temperament, of considerable firmness of constitution, affected with scrofulous symptoms at an early age, was admitted to the hospital of the Clinique, 22d of March, 1820. Three months before his admission, he had been exposed to rain, and had caught cold. The transpiration

* I believe that M. Lebert first demonstrated, in his *Physiologie Pathologique*, tome 1st, that tubercular diseases have their pathological identity (personification) in the *tuberculous globule*, which we never find in diseases purely scrofulous.

was suppressed. From that time he had had cough, oppression, abundant expectoration, and engorgement of the submaxillary glands.

The following signs and symptoms were observed : face swollen, lips pale, cheeks very little colored, sub-maxillary glands and glands of the neck much tumefied, hard to the touch, and not painful on pressure ; small tumors on the top of the head, movable under the finger ; thorax, a little projecting outwards of the left side ; patient could lay with ease upon this side, but with difficulty upon the right ; in the morning, the skin felt natural ; in the evening, considerable heat existed, pains in the scapulæ along the spine, between the two shoulders, in the bones of the fore arm, and those of the leg, of the left side ; these pains were dull, and augmented in times of rain. The movements of the heart, imperceptible ; pulse small, feeble, frequent at night ; respiration, short and oppressed ; breathlessness in ascending stairs ; broken rest, distressing dreams ; cough, at times, and expectoration mucous and frothy. Percussion, although light, caused pain at the middle and superior part of the sternum, also, upon the sides of the chest ; the mouth pasty ; the tongue, pale and moist ; appetite, moderately good ; thirst moderate ; the alvine dejections, easy and natural ; the epigastric and left hypochondriac regions were very painful ; the testicles were engorged and hard ; he had night-sweats : after a short time all these symptom increased ; the feet became œdematous, diarrhœa with colics and tenesmus, set in, and soon became colliquative (although the colics had ceased) and accompanied with continued fever : the patient finally expired the 22d May, 1820.

Autopsy.—The *right lung* healthy and crepitating, a little serum in the left cavity of the chest, a tumor, triangular in form, having its base above and its apex below, occupied the upper part of the *mediastinum*, anteriorly it adhered to the sternum, posteriorly to the pericardium and to the origin of the great vessels, from which it could not be separated.

From its superior part, extended a chain of engorged glands along the anterior part of the neck, and terminated in the right sub-maxillary gland, which was carcinomatous ; all the interior tumor was carcinomatous, soft in its centre, hard exteriorly. Its interior was dark-colored, it contained several good-sized tubercles, some of which encroached upon the interior, forming knobs.

The interior of the tumor was white, hard, and *scirrhus*. The testicles were *scirrhus*.

The above observation, of one of the ancient deans of the Faculty

of Medecine, at Paris, M. Leroux, one of the most accurate observers we have ever known, affords us an interesting example of an internal malady, which it was almost impossible to diagnosticate, revealing its existence to the observer (who had, however, previously well observed analogous facts) by exterior sympathetic and symptomatic phenomena. In fact, and the same reason that the existence of tuberculous engorgements of the glands of the neck permits us to diagnose, almost certainly, the existence of tubercles in the lungs the perfect knowledge (which it is easy to obtain at present) of the cancerous nature of the sub-maxillary gland, would have instructed the physician as to the nature of the tumor in the mediastinum, if *its* existence had been revealed by percussion; as to the engorgement of the other glands, which was truly a scrofulous manifestation, and which might have led to erroneous conclusions as to the nature of the disease; it was evidently sympathetic. The absence of microscopic researches, which were much neglected at the period when Leroux wrote, might cause us to fear some error as to the diagnosis of the two tumors. But this fear will be dispelled, if we reflect, that the precise notions of our day, upon the distribution of tubercles in the economy, do not permit us to doubt, that if the engorgments of the neck, if the tumor in the mediastinum had been tuberculous, then tubercles would have been found in the lungs, and, inasmuch as Leroux does not say that they were there, we may certainly conclude that they were not.

CASE 2d. *Considerable engorgement of the Parotid gland, which was cancerous.—Tubercles in the lungs.*—I was consulted, about the first part of April 1848, by M. Hazard, a native of Picardy, and who was, consequently, my compatriot. He had, upon his neck, such an extensive *engorgement*, with so manifest a deterioration of his general health, that I would not attempt for him any special medication: upon my refusal to treat him, he entered the Hotel Dieu (salle Saint Lovre, No. 18), and, in the service of M. Philippe Boyer, and died there, the 24th of July following. We give his history, as written by M. Legendre, eleve of the hospital, then attached to the service of M. P. Boyer. “H., of lymphatic temperament, began, about three and a half months ago, to experience severe pains in the left cheek below the ear. These pains soon became sharp and lancinating, so much so, that the patient could no more move his jaw, at the same time, a tumor was seen to point below the lobule of the left ear, which soon acquired the volume of a small nut (noisette),

and became so sensitive, that it could not be touched without exciting the most severe complaints from the patient. Although this tumor increased slowly, it had already acquired, since February, a size sufficient to hinder the movements of the lower jaw, and cause its deviation to the right side. Very soon, a demi-luxation took place, which prevented the correspondence of the teeth, produced a marked separation between the jaws, when the mouth was closed. It was at this period that H. reported the commencement of the paralysis, which occupied, then, the whole left side of the face.

The causes of this affection, were evidently obscure ; the patient declared, that he never had had swellings of the glands of the neck. Two years ago, he was attacked, with a blenorrhœa, which passed to a chronic state, but which, a year after, affected the testicles, so that he had orchitis, on the left side, which succeeded an inflammation of the right testicle. Finally, the tumor acquired the volume of the fist ; it extended, inferiorly, from the angle of the jaw up to the level of the cartilaginous concha of the ear. By depressing the auditory canal, it injured the hearing ; extending behind, it covered in part the insertion of the sterno mastoid, and a little of the masseter in front ; its base was at least nine centimetres in circumference ; its depth was unknown, as it formed no projection into the mouth. This tumor was completely immovable, generally hard, elastic, with deceptive feeling of fluctuation in some places ; the skin which covered it was adherent, slightly red, and covered with fine vascular ramifications. The submaxillary ganglions not enlarged, and only one of the size of a small nut (*noisette*), was found in the cervical region on the diseased side." It is unnecessary to follow the reporter of this case in his relation of the medical and surgical treatment made by the chief of the service with all the wisdom and prudence which the nature of the case demanded. A portion of the tumor exhibited to the naked eye its encephaloid nature, and at the same time, microscopic examination revealed the existence of all the elements of this kind of pathological product. Whether it was simple coincidence, or the bad effect of surgical treatment, it always occurred, that from the moment of touching this tumor, either as at first with a cutting instrument or afterwards with vienna caustic, or with the paste of chloride of zinc, it increased rapidly in volume, and soon acquired the size of a fœtus head at term. At the same time, an abundant and fetid suppuration, hemorrhages (analogous to those which had followed the first removal of a very small part by the bistoury, and which required the application of the actual cautery) exhausted the patient ; reducing him to marasmus, and finally

caused his dissolution. *Autopsy*. This was made by M. Legendre, and in my presence. The tumor was encephaloid; no trace was found of the parotid gland, and the tumor filled up the whole parotidean excavation. The *lower jaw* and the *mastoid process* were somewhat *necrosed*. The cervical and sub-maxillary ganglions were not increased in volume. The *right lung* was sound, but there were found, at the *summit of the left lung*, concretions evidently tuberculous, the ancient nature of which was revealed, by the cretaceous state of many of them. The other organs were sound.

Before going farther, we may remark, that cancerous degeneration of glands is a thing as yet sufficiently rare; thus we do not find but one example in Morgagni. This occurred in a man 50 years of age, who began to complain of difficulty of swallowing. This increased, and was soon attended with pain. A portion of the food was arrested in the throat, and came back in the mouth. Nothing could be felt internally, but an induration of the left sub-maxillary gland. He died finally, as if suffocated. On autopsy, the gland was found hard, and exhibited on its internal side, a material similar to albumen.

There were found, in the larynx and at the top of the pharynx, many tumors, which were of cancerous nature. The observation borrowed from Morgagni, affords us only an example of cancerous degeneration, without other complications; for if they had existed, it is certain that he would not have failed to discover and describe them. While the case, which we have reported, proves the possibility of the co-existence, in the same person, of cancer and tubercles. M. H. Lebert tells us, that it has been pretended that these two dyscrasies exclude each other; at the same time that he declares this opinion to be erroneous, he demonstrates it to be so, by the following facts:—

“1. A child, four years of age, having cerebral and pulmonary tubercles, exhibited, at the same time, encephaloid tumors in the right kidney.”

“2. A woman, sixty years of age, had scirrhus tumors in the mammary glands, in the liver, and in the lungs. At the same time, she had softened tubercles in the apex of the left lung; the microscopic elements of these tubercles were easy to distinguish.”

“3. The lungs of a woman, sixty-two years of age, contained tubercles in different stages, and also several caverns in the upper part of the right lung. Considerable encephaloid masses existed in the peritoneum, and numerous tubercles at the same time; with the microscope, the globules of tubercle could easily be distinguished from those of encephaloid, and their coincidence was conclusively proved.”

"4. A woman of fifty-five years, had died of cancerous cachexy. On autopsy, we found, besides scirrhus tumors of the breast, a considerable cancerous tumor in the anterior mediastinum, which was adherent to the two lungs, in the apex of which was found a general infiltration of tuberculous matter."

M. Lebert, however, is not the first who has stated the possibility of this coincidence of cancer and pulmonary tubercle, and we shall relate here a series of observations, extracted from "*le Cours de Médecine Pratique, de J. J. Leroux,*" and which prove, that it is met sufficiently often to surprise us, that one should fall into the error exposed by M. Lebert.

CASE 3d. *Tubercular Phthisis, non-ulcerated Scirrhus of the Stomach.*—A woman, named Clavelle, expired on the 25th of July, 1810, at the Hospice de la Clinique, where she was admitted the 7th of August, 1809. During two years of her disease, which had first shown itself by hæmatemesis, she had the combined symptoms of scirrhus of the stomach and of tuberculous disease of the lungs.

Autopsy.—The right lung adhered intimately to the ribs. It was filled with a large quantity of large tubercles, most of which were in full suppuration. The left lung adhered also to the sides of the chest by its superior parts, which contained some small non-suppurating tubercles; the remainder of this organ was crepitant and un-adherent.

The heart was slightly larger than usual; the auriculo-ventricular orifice of the right side was much dilated. In the abdomen, the left superior part of the stomach adhered intimately to the extremity of the inferior face of the left lobe of the liver. In the interior was found a large deep surface with salient borders, everted and scirrhus; the aspect was cancerous, although there was no ichor upon it. The cancer occupied superiorly the two curvatures of the stomach from the cardia to the pylorus. The part which adhered to the liver formed but one tissue or substance with it, and the scirrhus was prolonged somewhat into this organ. The remainder of the mucous membrane of the stomach was raised in several places by a very thin liquid, which was infiltrated into the sub-mucous cellular tissue. The pylorus was a little contracted, and had begun to be scirrhus. All the other organs were healthy. *Cours de Med. t. II. p. 163.*

CASE 4th. *Pulmonary Tubercles, Scirrhus of the Stomach and Intestines.*—Mederic, aged 26, died at the Hospice de la Charité,

29th April, 1817, after 14 months' sickness. Autopsy.—The lungs were found studded with milliary tubercles, already in suppuration in the superior part, but were yet hard in the inferior portion. There was, besides, the commencement of *scirrhus* of the *pylorus*; the intestines were ulcerated in some places, scirrhus in others. The mesentery was scattered over with small red and flattened points. The Liver was healthy. Cours de med. t. viii. p. 52.

CASE 5th. *Pulmonary Tubercles, Scirrhus of Liver*.—Tramoni, aged 47 years, teacher of languages, was seized, in February 1815, with pleuro-pneumonia, and experienced, from this time, successive attacks of hæmoptysis. He entered the 17th of August, of the same year, in the Hospice de la Clinique, and died there the 5th of June following. On autopsy, the lungs were stuffed with purulent dépôts, but without characteristic tubercles. The spleen had four times its ordinary volume, the liver was scirrhus, with a granite-like aspect, but not fat. The other viscera were healthy. Cours de med. t. viii. p. 70.

CASE. 6th. *Pulmonary tubercles, Scirrhus tumor in the Abdomen*.—Pierre, aged 26, colored servant, was attacked with pleuro-pneumonia on the retreat from Moscow. Since that time, he had had repeated attacks of hæmoptysis, afterwards had abundant expectoration, at first puriform, then purulent. He entered the Hospice de la Clinique, on the 22d June, 1814, and died there the 11th July following. On autopsy, a collection of purulent matter was found, between the pleuræ of the left side, amounting to about two pounds. The left lung was greatly tuberculous and suppurated, some portions were hepatized. The right lung was soft, infiltrated, easily torn, and contained dépôts of pus, but not tuberculous. The liver was large, but not fat. *There was found a scirrhus tumor in the stomach, near the pylorus.* The other viscera were healthy.—Cours de Med. t. viii. p. 59.

Tubercles may exist elsewhere than in the lungs, in the liver, for example, where they are found, not very unfrequently—marked co-existence may be found in this second condition, as the following facts will show.

CASE 7th. *Tubercles in the Liver, Scirrhus of the Pylorus*.—Corrial, 51 years of age, lymphatic temperament, pale complexion, entered the Clinique 23d June, 1797, and died there the 25th July, having had no other symptoms than those of disease of the liver.

On autopsy, the organs in the chest were perfectly healthy. The liver filled the whole right hypochondrium, and the greatest part of the left side of the abdomen; it rested strongly upon the stomach. This enormous mass, when taken away, weighed six kilogrammes—when incised in different directions, a large number of tubercles were found, of cartilaginous consistence, some of them had suppurated—we were surprised to find at the extremity of the small curvature of the stomach a non-ulcerated scirrhus, about 55 millimetres in diameter, and 27 millimetres in thickness. This scirrhus surrounded the pylorus, and so much narrowed the passage, that it was difficult to conceive how the chyme could possibly pass, or why he should not have had violent pains in the stomach, vomitings, and constipation. *Cours de Med. prat. de J. J. Leroux, t. iii. p. 90.*

At page 99, of this same volume, may be found a second case, entirely similar to this one, with the only difference that the cancer was ulcerated, and had caused an hæmatemesis.

CASE 8th. *Chronic Icterus. Tuberculous Liver. Scirrhus of the Pancreas.*—On the decease of Vitray, aged 55 years, who entered with icterus, on the 25th November, 1810, and who had had several inflammations of the chest, the right lung was found almost carnified, the left adherent, but crepitant. The liver, much smaller than usual, contained tuberculous masses. In slicing it, an oily fluid escaped, turbid, and seemed to be degenerated bile, the tissue was hard and of a deep brown. The convex and concave faces adhered intimately to the neighbouring parts and bands, which seemed recent. The pancreas about its head was much augmented in volume, hardened, and of a scirrhus consistence. *Cours de Med. prat. de J. J. Leroux, t. iii. p. 41.* At page 92 of the same work, we find another case very similar to this.

CASE 9th. *Tubercles of the Liver, Scirrhus of the Pylorus and Mesentery. Engorgement of the Lung.*—Lebegue, aged 58 years, coachman, of bilious and sanguine temperament, and of strong constitution, entered at the Clinique the 29th November, 1809, and died the first of December, after having shown symptoms, evidently of organic disease of the liver, and others more vague, which allowed us to suspect as scirrhus of the stomach. On autopsy, independently of symptoms of passive pneumonia, and pulmonary pleuritis with effusion, we found that the liver, which was about double its ordinary size, contained a large quantity of tubercles, nearly all of them of

the size of an ordinary nut ; a portion of these tubercles protruded on the exterior, and were for the most part in a state of suppuration, those of the interior were as yet in a state of carcinoma. The intermediary substance of the liver, or that between the tubercles, was not altered. The stomach, at the extremity of the small curvature, contained a scirrhus tumor about 27 millimetres in length, and 13 millimetres in thickness, which jutted into the interior ; its internal face was ulcerated, and terminated at the pylorus, which was not altered in any degree. In many portions of the mesentery carcinomatous tumors were found of different sizes. The other organs were healthy. Cours de Med. prat. de J. J. Leroux, t. iii. p. 87.

CASE 10th. *Scirrhus of the Colon, with tubercles in the Liver, and chronic Peritonitis*.—Deshayes, aged 54 years, bilious and lymphatic temperament, entered the Clinique 29th October, 1818, on account of colics, which, after having tormented him more than thirty years, at length became insupportable. In feeling the abdomen, the liver was felt increased in volume and tense, the pains extended from the umbilical to the hypogastric region. Below the left iliac fossa, a circumscribed tumor was discovered, nearly the size of a hen's egg, very hard, and much more painful to the touch than the rest of the abdomen. One of the most remarkable symptoms was the form of the fœcal matters, sometimes in balls, hard, blackish, like goat's dung ; sometimes thread-like, or hardly as large as the end of the little finger, and several centimetres in length.

On the 7th January, 1809, the patient died. On autopsy, all the organs were sound, with the exception of the following lesions:—There was, in the peritoneal cavity, about four lbs. of a thick liquid, of green color, in which floated albuminous flocculi. Different portions of this membrane were adherent, one to the other, by means of membraniform shreds, in such a manner that all the convolutions were united to themselves, and to the walls of the abdomen. The greatest part of the external surface of the intestines was red, and covered with albuminous layers. The *iliac portion* of the colon was *scirrhus*, in all its circumference, and for 54 millimetres in length. This scirrhus was more than 7 mill. in thickness, hard and lardaceous. It did not seem ulcerated in its interior, but had singularly narrowed the calibre of the intestine. The liver contained in its parenchyma many tubercles, of which the size varied from that of a middle-sized nut to that of a hen's egg. They were circumscribed : their tissue was white, consistence that of carcinoma, one of the largest

occupied the inferior face of the organ. The gall bladder inclosed a small quantity of pale bile.—Cours. de Med. prat. de J. J. Leroux, tome iii., p. 365.

Thus, we observe, that although it was not written in the works on pathology, the knowledge of the co-existence of tubercle and cancer, in certain individuals, was not absolutely new in science, but perhaps had remained unperceived (unappreciated?).

It appears to us to be the same, with regard to the fact, which I have often observed, that tuberculous females are subject to diseases of the uterus.

Thus, I remember to have attended a widow (Archer), 1846, who was treated at the Hospice de la Pitié for an engorgement of the body of the uterus (chronic metritis),* and who was much benefited by the treatment,† when an obstinate cough, with fever, forced her to enter La Charité, where she died, after having shown all the symptoms of pulmonary phthisis, easily diagnosticated, and which was confirmed by the autopsy.

I was accidentally consulted by a lady of high rank, who was condemned to absolute repose, which was prolonged from three to four months, and then sent to the sea-baths, for an affection of the uterus. I recognized, in her, all the strongest rational signs of the existence of tubercles in the lungs, a disease which existed, unfortunately, in the family, for her mother died of it, and she has an uncle who will, doubtless, also perish from the same disease. The following observations, borrowed from the Cours de Médecine Pratique, also strengthen those which I have advanced in the preceding lines. They are, moreover, of practical interest, for we can easily understand how the presence of tubercles in the lungs should modify the treat-

* I transcribe here an extract of notes upon the case of this female, at the time of her leaving La Pitié, 25th September, 1846, where an ample application of leeches had been made to the neck of the uterus. "I remark in her the same aspect which females always have after too great losses of blood, with the same *straw* color, which I had noticed in her before. On examination, the volume of the uterus appeared to me to be still augmented, and, moreover, this time, pain was excited in practising the touch by the vagina and the rectum. In examining by the speculum, I caused the issue of a small quantity of blood from the uterus, as well as from one of the leech bites, not yet entirely closed. I have also recognized the traces of others, as well as some granulations upon the surface of the neck."

† I shall be happy when I can conveniently publish the method of treatment which I use for these diseases, for it has generally given very remarkable and happy results. I may say here, in advance, that it consists in a combination of preparations of gold, with narcotic applications.

ment of an affection of the uterus. Thus, if sea-baths are directed, in the last named malady, we must surely believe that they would not be without injury in cases of tubercular pulmonary disease.

CASE 11th. *Pulmonary Tubercles, Scirrhus of the Uterus*.—A female servant, Phillippe, aged 39 years. Her father died of phthisis. In April, 1814, she commenced to spit blood; from this time she had successive attacks of hæmoptysis, up to the period of her death, on the 31st May, after remaining six weeks at the Hospice de la Clinique. On autopsy, there were adhesions of the lungs, to the costal pleuræ. The right lung was filled with large tubercles, suppurated; the left was studded with miliary tubercles not yet suppurated. The stomach much dilated, and slightly ulcerated near the pylorus. The *uterus was scirrhus*, other viscera healthy.

CASE 12th. *Vomica, Pulmonary Tubercles, Cancer of the Uterus*.—A girl (Pillow), 21 years of age, entered for the first time in the Hospice de la Clinique, in 1807. She was then hysterical, which accorded with her eminently nervous temperament. She entered there a second time, in 1809, for a pleuro-pneumonia; it was then ascertained that this patient had been threatened in her infancy, with a spontaneous luxation of the head of the femur; that the menstrual discharge had never been regular, and had been several times suppressed; often had pains in the abdomen, principally in the hypogastric region, and that she had had several pleuro-pneumonias. The menstrual discharges sometimes transformed themselves into true sanguineous losses, and were constantly followed by a white discharge. The patient, moreover, experienced suffocations, pains in the chest, insupportable weight, a dry and very fatiguing cough; she had besides, several attacks of hæmoptysis. In addition, there were obstinate diarrhœa; the urine sometimes extremely rare, red, and turbid. From March, 1808, pain commenced in the right side of the pelvis, and increased to the commencement of February, 1809, when the menses ceased and never returned. At this time, a round, hard, and painful tumor developed itself in the left iliac fossa, which so extended itself that, at the end of a month, it reached to three centimetres below the umbilicus. This tumor was painful; in its whole extent, fluctuation could be felt in it. At the end of about three months, this tumor disappeared entirely. From her last entrance into the hospital, to the middle of October, 1809, all the symptoms increased, attended with a slow fever, and the patient, after finally being affected with marasmus, died on the 11th of November, 1809.

Autopsy.—In the left lung, a quantity of pus, which was white, almost without odor and defluent; a great part of the organ in a state of suppuration, the superior lobe was healthy and crepitant. The right lung was intact in its inferior part, superiorly it contained some tubercles, which had suppurated. In the pelvis, the rectum, the uterus, and the bladder, formed but one mass, of which, all the parts were adherent. In this mass were two tubercles, of the size of a middling sized nut. The bladder was contracted, its walls thickened, but it was not ulcerated. The internal lining of the uterus was in general mammillated, and very soft; the part which is in relation with the rectum was of carcinomatous consistence; one portion was ulcerated, and communicated with the rectum; all the other organs were healthy. Cours de Med. Prat. t. viii. p. 84. I shall terminate this note by a final observation, which, at the same time that it affords a new example of the mixture of cancer with a tuberculous affection of the lungs, and also a great susceptibility of the uterus, will be the first indication of the efforts I have made, to produce a method of treatment for tuberculous and cancerous maladies.

CASE 13th. *Pulmonary Tubercles; scirrhus gland in the left breast; gland of the same character in the midst of the muscular fibres of the deltoid muscle of the same side; great irritability of the uterus. Treatment by auriferous and ferruginous preparations.*—I was called February 24, 1842, to Madame D. de H.——; she was then 34 years of age, and had been married since her 20th year. In these fourteen years of marriage she had had three children, and two miscarriages. She had been sickly in infancy, but menstruated early (at 12 years of age), and at once very freely. She had been very well up to the period of marriage. She became pregnant almost immediately, and this condition was the point of departure of derangement of her health, which went on constantly increasing. Thus, she coughed during almost the whole duration of this first pregnancy, and spit up blood several times. These symptoms were aggravated in the four following pregnancies.* Madame D. nursed her infant about six months, but the return of menstruation, which was excessive, dried up her milk, and forced her to wean her child. From this period menstruation continued to be exaggerated, so as to be compared to a real loss of blood, and demanded, for the time, absolute repose.

* It is a new fact, in favor of the opinion I have sustained in my memoir upon the analogy and differences between the scrofulous and the tuberculous, viz., that pregnancy generally favors the morbid action of pulmonary tuberculation.

After the second miscarriage in 1840, five or six months after the first, there was reason to fear a serious disease of the uterus. Doctor B., who was consulted at this time, condemned the patient, several months, to repose in the horizontal position, cold baths, and the use of extract of cicuta. These means relieved but only for a time; she had then her fifth pregnancy, which ended favorably. It was in the time of weaning, six months after her first accouchement, that Madame D. perceived for the first time, that she had, in the centre of the left breast, a little below the nipple, a small gland, which was painful when touched. This gland soon increased in size, but what was remarkable, was the fact of its increase at each pregnancy. This was so marked that each time its volume was doubled. When I saw Madame D. I was struck with her paleness and emaciation, and I easily recognized in her a great nervous irritability. Percussion gave no result, but auscultation showed at the apex of each lung, a very feeble respiration, interrupted and accompanied by several sibilant râles.*

The gland of the breast had increased to, at least, the size of a pigeon's egg, oblong, terminated by two swelled extremities; its surface was rough and lumpy, it was very hard, and sensible to the touch. I discovered, besides, in the midst of the fibres of the left deltoid muscle, another gland, at least as hard as the first, but about as large as a small nut (*noisette*). The pulse eighty, appetite generally feeble, digestion difficult, with constipations, which sometimes lasted several days. There was very little hesitation in the diagnosis which I made upon the state of Madame D.; as for the lungs, there was a very great probability of the existence of tubercles, at the apex of each one. As to the breast and arm, there was a gland, scirrhus, and with certainty of increase for the first one, should there be another pregnancy; and as to the uterus, a very great irritability, which allowed a fear for the future of the development of organic disease of this organ. In view of an assemblage of facts so fearful my embarrassment was very great, as it was necessary to prescribe some treatment, and if I here give an account of my attempts to relieve, which did not have the desired success, it is rather in the way of the occasion, than with a formal intention to have done so. My first care was, to warn the husband that a new pregnancy might cause the death of Madame D.; this produced all the effect I expected from it; at the same time, I commenced, 24th February, 1842, the treatment by the oxyde of gold, by potash united to the powder of cicuta, and administered by frictions on the tongue, made each

morning after breakfast. I began with 25 milligrammes of the oxyde of gold mixed with five centigrammes of the vegetable powder, and divided into ten frictions.*

The dose of the oxyde, and the cicuta, were progressively augmented, in such manner, that Madame D. took at each friction five centigrammes of oxyde of gold of potass, and five centigrammes of pulv. cicuta, during the whole month of June, and even to the end of this month, when the treatment terminated. The gland of the breast had become sensitive to the slightest contact; sharp pains occurred in it, often without any external cause. In the view of calming this disposition of things, I caused to be rubbed on the diseased breast every evening, a portion of the following ointment, the size of a filbert (noisette).

R	Sub. Carbonate of Lead	10 gram.
	Liquid Sub. Acetate of Lead	2 “
	Tranquillizing Balsam	30 “
	White Wax	5 “

Make, *second. art.*, an ointment perfectly homogeneous, and of soft consistence.

There existed in Madame D., independently of sympathetic gastralgia, another condition, excess of menstruation, which depended on excitability of the uterus, and also upon impoverishment of the blood. It was with the view of remedying this state that I prescribed the following pills, to be taken every evening on laying down:

R	Aqueous Extract of Nux Vomica†	25 centig.
	Extract of Moneria	50 “
	Do. Orange Peel	1 gram.
	Malate of Iron	50 centig.

For ten pills.

The ingredients of these pills were gradually augmented, so that at the end of the treatment, the extract of nux vomica was raised to fifty centigrammes, that of moneria and orange peel to three grammes, and the malate of iron to one gramme fifty centigrammes, always for ten pills.

There remains to be told the result of this treatment, which it would have been necessary to continue for a longer time, in making

* The French milligramme is equivalent to .015,444 Troy grain, and the centigramme is equivalent to .15,444 Troy grain. *Ed. N. Y. Jour. Med.*

† I have employed nux vomica for several years, either reduced in a powder after roasting it, or in the state of watery extract, in combating gastralgia and gastro-enteralgia, and have obtained from it the best results.

it more active, since, in reality, these results were not entirely negative.

On the 30th June, 1842, the gland had evidently diminished in volume, there was no more lancinating pain, and it was not more sensitive to touch, but it preserved its hardness, roughness, and irregular form. It was determined, that from this time Madame D. should always keep it covered with a plaster of cicuta, renewed when necessary. The uterine menstrual losses were less abundant, and, above all, enfeebled the patient less, whose general health was evidently ameliorated, and who had slightly increased in flesh. At this date at which I write, 15th November, 1849, more than seven years after the above treatment, the gland has not made any progress, and is in the same conditions as in June 1842. The general health has suffered, since ten years, a slow and continual deterioration, the uterine losses have become, perhaps, yet more abundant, the appetite is feeble, and digestion bad. There is reason to fear, that at the first slightly serious malady, Madame D. will succumb to it. Now what part shall be allowed to the treatment which I have instituted and exposed? shall there be attributed to it the diminution of the gland, the cessation of the pains, its arrest of developement, and, finally, the slow march of the disease?

As to the first point, I do not hesitate to believe that the treatment produced some benefit; as to the second, we must not forget that tuberculous affections (for I believe Madame D. has tubercles in the lungs), that cancerous affections, show numerous examples of this slowness in their progress, and that the reunion of these two morbid principles in the same individual, if it is a reason doubly powerful why the patient should die at a slightly advanced age, it is not one why the double disease should be rapid. However this may be, it is this condition of the reunion of the morbid cancerous and tubercular principles in the same person which has occasioned the history of Madame D. to figure in this memoir; but we propose to examine at another time what may be hoped from the application of the auriferous method in the treatment of cancerous affections, and what favorable chances the simultaneous administration of the auriferous and ferruginous preparations may furnish to those afflicted with tuberculous diseases.*

* I may here be permitted to recall an observation which I communicated to the Academy of Sciences, at its session of 28th November, 1848, of a *case of cancer* treated and cured, by the oxyde of gold and potash united with the powder of roasted *nux vomica*; I speak of it now the more willingly inasmuch as this cure dates back four years up to this day, and that nothing has yet occurred to falsify the above statement.

MONOGRAPH.

ART. VIII.—*On the Reduction of Strangulated Hernia in Mass.*

By GEO. C. BLACKMAN, M. D., Fellow of the Royal Medical and Chirurgical Society of London.

The substance of the following essay first appeared in the American Journal of the Medical Sciences for October, 1846. It has been entirely re-written, and its arrangement, as the author trusts, improved. The present collection is believed to contain *all* the recorded cases of the reduction of strangulated hernia *in mass*, and the writer feels assured that, by those at least who have been called upon to treat similar cases, it will not be regarded as a useless contribution to Surgery.

CHAPTER I.

Reduction of Strangulated Hernia in Mass.

The terms, reduction *en masse*, or reduction *en bloc*, were first employed by the French, to designate that peculiar accident which sometimes follow the application of the taxis, or which occurs during the operation for strangulated hernia, when the sac, still embracing and strangulating its contents, is returned into the cavity of the abdomen. It has been found to take place under the following circumstances:—1st, reduction by the taxis; 2d, detachment and reduction of the sac during the operation, the sac having been mistaken for the intestine; 3d, spontaneous reduction.

Reduction by the Taxis.

The attention of surgeons seems first to have been called to this occurrence by Le Dran. In his *Observations de Chirurgie*, published in 1731, he states that his advice was solicited by the younger Arnaud, in a case where he had reduced a femoral hernia, but the symptoms of strangulation remained unabated. Le Dran was of the opinion, that the stricture existed at the neck of the sac, and that the whole tumor had had been returned *en masse*. The patient died, and the autopsy verified the accuracy of his diagnosis.

The report of this case gave rise to a violent controversy, respecting which Scarpa justly observes (*Traité des Herniés*, p. 59.), that,

as in most instances of the kind, both parties were determined to maintain the opinion which they had already adopted, rather than to appreciate the facts which were opposed to them ; and alluding to the illustrious secretary of the Academy of Surgery, he remarks, that M. Louis seems to have been incredulous, merely because the facts brought forward conflicted with doctrines which, with too much assurance, he had previously promulgated. Indeed, whoever will read the "Reflexions sur l'operation de la Hernie" of this surgeon, in the fourth volume of the Memoires de l'Academie de Chirurgie, will not be slow to retort upon *him* the very language which *he* employs towards Le Dran—"tel est l'empire des prejuges !" At page 299, M. Louis thus expresses himself :—"L'impossibilité physique de cette reduction me paroit si manifeste, qui je comprends a peine comment l'opinion contraire a pu passer dans la theorie, comme un resultat de faits des plus avérés par l'observation des Praticiens." And again at page 307—"Laisserous-nous dégrader l'Art le plus utile á l'humanité en tolerant des principes aussi defectueux !"

Richter defended Le Dran with much spirit and great ability in an essay entitled, "*Programma, in quo demonstratui herniam incarcerationum una cum sacco reponi per anulum abdominalem posse, contra Chirurguni Gallum clar Louis ;*" and his "*Abhandlung von der Bruchten,*" pp. 153, 180, where he is describing the accidents which may follow the taxis (Zufallen nach der Taxis), he likewise most triumphantly refutes the objections of M. Louis, which, in his opinion, he does not hesitate to say, are characterized by great impudence !

After reading Le Dran's description of the case to which we have referred, corroborated as it is by the testimony of Arnaud himself, it seems difficult to account for the skepticism which is said to have prevailed among many members of the Academy. In this instance, the hernial sac, about three inches in length, and eight in circumference, was found within the abdomen, inclosing half an ell of the jejunum. Seizing the whole sac with his hand, Le Dran endeavored to draw out the intestine by pulling it at one end, but its mouth was so contracted that he could only succeed by dilating it with the scissors. Le Dran further observes, that the surgeon first in attendance informed him, that at the time of the reduction of the hernia he did not hear the gurgling noise which generally accompanies this act ; but that the whole tumor passed *in a heap* under the ligament, like a *tennis-ball*.

The comments of M. Louis upon the above case (p. 307) are

not without interest. "We know," says he, "that the parts cannot have been reduced, until they glide, so to speak, *en filaut*, through the opening, which is the seat of strangulation. 'Tis to facilitate this passage that, by an operation, we are almost always compelled to divide the ring or the arch. When we are so fortunate as to secure their reduction without having recourse to this extreme measure, the intestine returns with a gurgling noise, which proves that, rid of its contents, which have been the first to pass, its volume has been so reduced as to permit its replacement. In the case supposed, we admit the return of half an ell of the intestine, with the prolongation of the peritoneum in which it was contained, beneath the crural arch, in a single mass, or, in their own language, *en bloc*, like a tennis-ball. It is difficult to understand *how* the Fallopian ligament could have become so stretched as to permit the passage of a tumor of such disproportionate size. But it was an *old hernia*, when, according to the accounts of all the cases which have been reported, the hernial sac has been found adhering to the surrounding parts. *How, at the moment of reduction, could its old adhesion have been broken up?* If, in this case, it had been necessary to operate, the fear of wounding the crural vessels would have prevented the dissection of the posterior face of the sac; yet, they pretend that this sac was reduced by the taxis with half an ell of the intestinum jejunum which it contained, forming, together, a tumor *three inches in length and eight in circumference!* Do we not require to know at what height this lump was found? Admit that the bottom of the sac rested immediately over the mouth of the crural canal; the portion which formed the strangulation, must then have been three inches at least above the crural arch. Now this could not have occurred without a detachment during the efforts at reduction of the peritoneum from the internal surface of the transversalis, and the psoas and iliac muscles, to an extent sufficient to permit this elevation of the reduced parts. Is it not evident that he must have been beside himself, not to perceive the absolute impossibility of this reduction, to say nothing of his presuming to predict, even before the body was opened, what we are assured was afterwards revealed?"

At another place (p. 31) he (M. Louis) declares that he has performed the operation for hernia at least fifty times, and in every instance the hernial sac was found connected with the adjacent parts; and in the numerous autopsies of those who had been the subjects of hernia which, during a connection of more than twenty-five years with different hospitals and schools, he had had an opportunity of

making, had proved to him, that the sac is *never* an isolated, unadherent part, and had prevented him from falling into so gross a blunder respecting its reduction. The origin of this *heresy* he thus explains:—A hernial tumor has been reduced, but the symptoms of strangulation still continuing, the surgeon, more intent on *explaining* the fact than *discerning the true cause*, asserts that the sac, with the intestines, must have been turned, and that the persistence of the symptoms is caused by a stricture at its neck. Having, in his opinion, thus solved the difficulty, in the same manner he *conceives* the phenomenon itself, and proclaims it as something *seen*, on the same principle that people give for a *positive* fact, that which they think they have seen. To guard against errors of this kind, and as applicable to the question before us, he quotes from the “Annotations Academiques” of Albinus the following philosophical reflections:—The first, “*Satis non est videre, sed præterea necesse est perspicere, quid sit id, quod videas,*” was suggested by some deceptive anatomical preparations which were intended to show the existence of blood-vessels in the epidermis which Ruisch had denied; whilst the second had its origin in the supposed discovery by Ruisch of nervous ganglia in the small intestines, and is thus laid down—“*Frequenter fit, ut homines videre se putent, quod non videat, præsertim si id, quod putant suæ opinioni.*”

We have presented somewhat in detail, the principal objections which were raised by M. Louis, against Le Dran's account of the foregoing case, as they comprehend the substance of all the arguments which have ever been brought against the possibility of the reduction of hernia “*en masse*,” and as they were sufficient, notwithstanding the vehement remonstrance of M. Arnaud, to enlist many members of the Academy on his side. The force of these objections can be better appreciated after a careful consideration of the cases which are about to be related, and we trust that the facts which we propose to bring forward, will prove most conclusively the error of those who deny the possibility of this accident, and that they will also show that, as supposed by others, it is by no means confined to recent cases of hernia.

In his “Dissertations on Hernia,” (English Edition,) from page 370 to 408, Arnaud has recorded six cases; four inguinal and two of femoral hernia. Four of these occurred in his own practice, and three were the subject of operation. Two, occurred to Vacher, both of which were inguinal. One, a male, æt. 50, had his hernia reduced by the taxis, but is said to have died some six months after-

wards (?) from repeated attacks of colic, &c., &c. The sac was found behind the ring of the external oblique, its base inclined towards the bladder, and its mouth adherent to the ring. In the other, an operation was performed, the sac opened, and the ring incised, but the stricture at the neck of the sac was not divided. The patient died, and on dissection, the mouth of the sac was found situated upon the psoas muscle. The first case related by Arnaud was a femoral hernia, the size of a hen's egg; twelve hours after strangulation it was reduced, but returned during the two following days when the patient coughed, and sometimes it went up of itself with ease, and for several days it no longer descended. The patient died on the ninth day, and the tumor was discovered lying between the peritoneum and the insertion of Poupart's ligament. Arnaud's second patient was a male, æt. 40, with an inguinal hernia on the right side some seven or eight inches in length; although easily reduced by the taxis, the symptoms of strangulation did not subside. On plunging the finger into the ring, which was very wide, a hard tumor was felt, which by the patient being made to force downwards, was rendered more perceptible to the touch. The ring was exposed and incised "pretty deeply," and the sac opened within the abdomen. An attempt was made to drag down the tumor, but it was unsuccessful. Being unable to arrive at the neck of the sac, a further incision of the ring was made, when its mouth was reached and divided with a probe-pointed bistoury. In this case, the tumor ran along the rectus muscle as far as within two finger's breadth of the navel.

In another instance, Arnaud opened the sac, incised the ring, but the stricture at the neck was left undivided. The patient died, and the mouth of the sac was found situated upon the psoas muscle. The last case described by Arnaud was one of congenital hernia (inguinal). The patient was about eighteen years of age, and the tumor about the size of a turkey's egg. It was reduced with great ease, but immediately protruded again. It was made to disappear a second and a third time, but in each instance it again descended. The sac was now opened, the stricture formed by its neck divided, and the patient's life was saved.

Le Blanc, in his "*Nouvelle Méthode d'Opérer les Herniés*," has also related a case which occurred in his practice, and in the "*Operations de Dionis*," (ed. 5th, p. 324, note A,) De La Faye is said to have recorded an example of this accident which came under his observation. In this patient, the abdominal rings were so wide, that when the patient rose and coughed, the hernial tumor at once

descended. The subsequent history of the case we are unable to give, as we have had no opportunity of consulting the work of Dionis. In his "*Principes de Chirurgie*," published in Paris, 1744, we cannot find that M. De La Faye makes any allusion to the subject although he discusses the complication, &c. of hernia at some length.

Sabatier, in his *Médecin Opérateur*, whilst discussing the subject of internal strangulations, remarks, that the most common form depends upon the reduction of hernial tumors, in which the stricture is at the neck of the sac. He asserts that this occurs more frequently in inguinal than in any other form of hernia, and relates a case of congenital inguinal rupture which was reduced *en masse*, the reduction being unaccompanied by any gurgling noise. A bandage was applied, but the symptoms still continued. The abdomen was tense and painful, and the bowels were completely obstructed. The external ring was sufficiently large to admit two fingers. The patient having been made to cough, a round tumor was felt at a considerable distance from the surface. Being satisfied that there was an internal strangulation, and that an operation was indispensable, the patient was requested to rise and to move about in order to cause the tumor to reappear. This was accomplished, and the operation performed. The hernial sac was thickened and the stricture existed at its neck. The symptoms of strangulation soon subsided, and the patient recovered.

Scarpa, in his "*Traité des Herniés*, p. 57, referring to the disputes which had occurred respecting the possibility of this accident, thus expresses his opinion :

"Doubtless, in a recent inguinal hernia of small size, the intestine strangulated by the neck of the sac has been seen more than once to have been reduced by the taxis, whilst, at the same time, the sac has been dragged into the cavity of the abdomen. Observations not less authentic have taught us that after the operation for hernia, when the viscera could not be returned in consequence of their adhesions to the sac, notwithstanding these obstacles, the intestine has been seen, day after day, to gradually approach the ring, and at last with the hernial sac to enter the abdomen. Louis was wrong in denying the possibility of this occurrence ; for myself, I regard the fact as well established, not only by my own, but by the experience of others. When an inguinal hernia is recent and small, the cellular tissue, of which we have spoken, retains all its elasticity, and permits the hernial sac and the spermatic cord to ascend readily towards the abdominal ring. This I have observed upon the dead body of a man

who had an incipient inguinal hernia. The small hernial sac could easily be pushed back into the ring, and from a careful examination of the parts both within and without the body, it appeared that the cellular tissue which united the sac to the spermatic cord and the cremaster muscle was disposed to yield equally from without inwards, and *vice versa*; that is to say, it made an equal resistance to the protrusion and the reduction of the hernial sac. Monteggia has seen a case precisely similar, although from his own statement (*Instituz. Chirurg. t. iii. sec. 2, p. 249*) the sac was not very small. It adhered loosely to the surrounding parts, and with the greatest ease could be reduced into the abdominal cavity."

Again, at page 122, in noticing some of the symptoms by which we may diagnose the seat of the strangulation when it exists at the neck of the sac, Scarpa continues: "In these cases the surgeon should be cautious in his employment of the taxis, and if the hernia cannot be readily reduced, he must proceed at once to the operation. If it be of small size and of recent date, as the ring offers but little resistance to the reduction of the parts, and the laxity of the cellular tissue permits the sac to ascend with the viscera, it may happen that injudicious attempts with the taxis may cause a complete reduction of the hernia, and yet the symptoms of strangulation, far from subsiding, will be materially aggravated, and the patient perish, if the surgeon fails to detect and promptly to remedy his error by resorting to the operation. I have lately seen a boy thirteen years old, who became the victim of such a mistake: the hernia had been completely reduced but he was not relieved. After his death, neither by sight nor touch, could the slightest appearance of a tumor be detected; but on opening his body, it was discovered that the intestine, still strangulated by the neck of the sac, had been thrust beyond the ring between the aponeurosis of the abdomen and the peritoneum, which was detached to a certain extent.

Richerand (*Dict. des Sciences Médicales*), alluding to the changes which occur in cases of hernia of long standing and of large size, remarks that they are seldom free from adhesions, which exist either within the sac or the inguinal ring. If the former condition prevails, of course they can only be reduced *en masse*. He adds, that this accident does sometimes happen when the hernia is of small size, though adhesions have taken place between the sac and the surrounding parts. If, however, adhesions exist within the sac, he considers the reduction of the hernia almost impossible, as the sac itself is

generally so attached by numerous cellular and vascular bands to the adjacent parts, that without an extreme laxity of the cellular tissue, it cannot possibly be returned into the abdomen.

M. Cayol (Dict. des Sciences Médicales, art. Bubonocele, p. 374) has related a case which occurred in the practice of M. Viguerie, of Toulouse. The patient experienced no relief after the reduction of the hernia, and an effort was made to produce a re-descent of the tumor. The patient was requested to cough, &c., &c., but it could not be brought down again without an operation. The ring was incised and exposed by M. Viguerie, the sac forcibly drawn out, and the stricture at its neck divided. The result was most fortunate, the patient having completely recovered.

Dupuytren (Lecons Orales, vol. 1. p. 559), speaking of the great frequency of those cases in which the stricture is situated in the neck of the sac, observes: "Among the seats of strangulation, some are external, some internal. Of the latter I have observed fifteen cases, but we know that the resources of art, so effectual in those instances where the situation of the strangulation is external, are in the latter variety almost impotent. But there is another kind which may properly be called mixed, such as result from the reduction of hernia *en masse*. Some years since, the body of a female was brought into our amphitheatre; externally, nothing remarkable presented, but on opening the body, we discovered behind the crural arch a tumor formed by the intestine, half the size of one's fist; its color was of a livid red, and a portion of the omentum lay in the hernial sac. On examination, a fold of the contained intestine was found to be gangrenous. The stricture was in the neck of the sac. I learned that two days before this woman had had symptoms of strangulation, and that after some attempts at reduction, the hernia was returned, yet all the symptoms suddenly re-appeared, and the patient shortly after died.

Again, at p. 564 he remarks, that in more than forty cases he had seen the hernia returned *en masse*, the symptoms of strangulation remaining unabated. There is a striking discrepancy between this assertion of M. Dupuytren and that of M. Sanson, in the article Hernia of the Dict. de Med. et de Chir. Prat., where the latter, whilst referring to the former's experience, observes that he (Dupuytren) had witnessed six cases of this accident. We know not how to reconcile this difference of statement, and though from the case detailed in the first volume of the "Lecons Orales," we are forced to acknowledge that M. Dupuytren must have met with an unusual number, yet we cannot but believe that there is some mistake in his

declaration, *that he had seen upwards of forty!** We are also at a loss to understand how it is, that most of the writers on Hernia, who have noticed these cases, have referred to the *third* volume of the "Lecons Orales." We have been unable after a most diligent search of this volume, to find the slightest allusion to the subject, but in the first volume, (we quote from the edition of Bailliere, 1832,) under the head of "De l'etrangement au collet du sac herniaire," which forms the concluding chapter, and occupies the last thirty-five pages of the volume, the reader may find the whole matter pretty thoroughly discussed. At page 583 he relates a case of double inguinal hernia in a patient forty years of age: that on the left side having been of twelve, that on the right of only three years' standing. The first, for seven or eight years previously, had been retained by a truss, but the second had been abandoned to itself. One day whilst walking he heard the truss snap, when he applied his hand to the hernia on the left side, which caused him great pain, and which became increased in size. On his return he vainly endeavored to reduce it. The next day he took an emetic, and called upon a surgeon, who, after many attempts, finally succeeded in returning the hernia, but the symptoms still persisted, and on the fifth day of the strangulation, he entered the Hotel Dieu. At his visit on the next day, M. Dupuytren examined him with the greatest attention: the abdomen was tender, and there were hiccups, vomiting of fecal matter, constipation, and the countenance was shrunk. There were all the symptoms of strangulation, but there was reason to fear peritonitis; the diagnosis was rendered more difficult, in consequence of the existence of hernia on both sides, which had been reduced, and from the fact that no hernia could be felt behind the ring. Indeed, there were no other indications of the previous existence of the hernial tumors, than the dilatations of the rings, and the contradictory accounts of the patient. On the seventh day, M. Dupuytren, being satisfied that his patient, if not soon relieved, must die, resolved to operate.

* As is well known, Dupuytren was sometimes guilty of making, to say the least, very strange assertions. His statement in the text will doubtless recall to the minds of many, the want of harmony between his own account of the extraordinary success which followed his bilateral operations for lithotomy, and that of the editors of his posthumous work, MM. Sanson and Bégin. Dupuytren declared that of 26 successive cases not one proved fatal, and that out of 70 operations, he lost only six patients. His editors, however, inform us, that the rate of mortality was as high as one in four and a half. See "Operation de la Pierre d'après une méthode nouvelle par le Baron Dupuytren." Edited by MM. Sanson and Bégin, 1836.

As the right inguinal region appeared to be the seat of the greatest pain, the exploration was first made on that side. An incision was made according to the axis of the hernia, through the skin, beneath which was found a small tumor, which was for a moment mistaken for the spermatic cord, then, again, for the hernial sac, as on being opened it gave issue to a considerable quantity of serum. It proved to be a serous cyst, behind which was situated the true hernial sac. This, which was small, contained neither intestine nor omentum, but only a little serous fluid, in which floated some layers of albumen.— On introducing the finger within the abdomen, the intestines were found to be adherent, either among themselves or to the abdominal walls, sign not equivocal of peritoneal inflammation. The left side was then subjected to operation, the different layers carefully divided, and a sac opened, which contained a fatty mass resembling the omentum. The surgeon deliberated for a moment, but perceiving a fibrous band beneath, and which, after requesting the patient to cough, was seen to be raised up, he carefully divided it, together with the subjacent layers. Immediately a large quantity of bloody serum issued, and M. Dupuytren felt assured that he was on the side of the strangulation, this bloody serum being to him a satisfactory proof. In the sac he found a small, red, fatty mass, which was supposed to be the tumefied omentum. The finger introduced within the ring detected a circular band at a great height. The sac was then drawn downwards, and with it a small portion of red, distended intestine. Whilst an assistant held it firmly and separated the borders of the incised sac, a blunt-pointed bistoury was conducted along the finger and the stricture divided upwards and outwards. The pain produced by this step gave rise to violent expiratory efforts by which a large mass of intestine was protruded. The stricture was incised in different directions, and to prevent another reduction *en bloc*, the portion of the neck of the sac, which formed the stricture, was retained, while the intestine was returned. The patient continued to convalesce, and eventually recovered. Another patient, affected with double inguinal hernia, was admitted into the Hotel Dieu, but so desperate was his condition that he was unable to give a history of his case. M. Dupuytren was perplexed to decide whether it was a case of peritoneal inflammation or internal strangulation. The patient having been somewhat relieved by the venesection and enemas which had been prescribed, on the next day gave a clear account of the manner in which he had been attacked. Some eleven years before, both hernias had first occurred, there being an interval of only some six months between their appear-

ance. A bandage with two pads had been worn to retain the intestine, which, however, occasionally protruded, but was always readily reduced; the right especially, more easily than the left. These ruptures had never given him much trouble, until the evening before his admission, when he had made some unusual effort. Both tumors descended and became painful. He himself reduced the right, and a physician, on whom he called, returned the left and prescribed a dose of chamomile. The symptoms of strangulation increased, and he was brought to the hospital. The question now arose what course should be pursued, most of the symptoms of strangulation remained, but there was no vomiting of fecal matter, and the alvine evacuations were copious. The patient was made to walk, when the left hernial tumor descended, but it was soft and could readily be reduced.—There was therefore no indication for performing an operation upon that side. In the evening his condition was unaltered; there were frequent evacuations, but neither vomiting nor hiccups; abdomen soft, but tender on pressure, especially in the hypogastric and iliac regions. M. Dupuytren determined to operate upon the right side, because, according to the patient's account, the hernia here protruded more easily when he was well, than on the left side, and because it had not been made to re-appear by the movements of the patient. The integuments were divided to the extent of from two and a half to three inches in the direction of the rings; immediately a kind of cylindrical cord presented itself, which was cautiously opened, and a smooth sac entered, supposed to belong to the hernia. The finger introduced into its cavity encountered at its upper part a *cul de sac*, and a canulated sound carried in the same direction, penetrated the abdominal cavity and brought away a bloody serum. The opening in the sac was increased, it was drawn outwards, when its neck was discovered, furrowed and contracted, as if by a kind of cicatrix. This was incised, and the finger being thrust into the abdominal cavity could detect no other cause of strangulation. This patient also completely recovered. Sanson (*loc. cit.*) has furnished us with the details of several other cases which occurred in the practice of M. Dupuytren. In two of these the tumors were made again to descend, and the operation was without difficulty and successfully performed. In two he was unable to produce a return of the hernia from the cavity of the abdomen. A round, hard, and painful tumor was felt in the iliac fossa, not far from the superior orifice of the inguinal canal. Dupuytren performed the operation in the same manner as if a part or the whole of the tumor protruded. In one the sac was

drawn down with the forceps, laid open, and the stricture divided.— In another the volume of the hernia, and the narrowness of the inguinal canal, compelled him to expose the latter throughout its whole extent, before the seat of strangulation could be reached and overcome.

M. Jobert relates a case in his *Traité des Mal. Chir. du Can. Jutest.* p. 492. vol. 1. which proved fatal, though an operation was performed by M. Dupuytren. The details are copied by M. Jobert, from the *Thèse Inaug* of M. Mannowry, p. 18. A man, age 55, had from his first year been affected with inguinal hernia on both sides. The tumors were about the size of a pigeon's egg, and had always been easily reduced, excepting the five years preceding his last attack, he had worn a truss. On the 28th Nov., 1817, at 2 o'clock, P. M., he was seized with symptoms of strangulation, and was admitted at the Hotel Dieu, Dec. 2, 4, P. M., with great pain in the right side of his abdomen, at its lower part. There was here a slight tumefaction, but no trace of hernia; rings greatly dilated.— Coughing caused the right hernia to protrude; it was soft, small, and not painful; The slightest pressure caused it to return. Next day both inguinal regions were very tender to the touch. No effort of the patient could cause any tumor to be felt on the left side. A few hours afterwards M. Dupuytren was called, and as there was then some tumefaction and great pain on the left side, the operation was here performed. The canal was freely exposed, and two feet of intestine drawn down, but no stricture was found. The finger was then passed toward the pubes, and moved from left to right. A tense tumor was felt, drawn out, and incised; it proved to be a cyst filled with serum; with great care the true sac was reached and opened. It contained but little serum, and this had a fœcal odor, and there were two inches of intestine of a deep red colour, tightly embraced by the neck. This was divided, the bowel replaced, and the patient bled, &c.; but he died early the next morning with all the symptoms of peritonitis. The abdomen was filled with a sero-purulent fluid, and the portion of intestine contained in the hernia was of a violet-red colour, and covered with pus. There was a slight indentation at the point where it had been strangulated, but no effusion of fœcal matter had taken place. A small portion of the neck of the hernial sac had escaped the knife, but it was loose and could not have maintained the strangulation. Mr. Teale, in the collection of cases in his "*Table (Treatise on Hernia, p. 157,)* exhibiting the leading features of several recorded cases of hernia reduced in mass," relates an instance of spontaneous cure, which occurred in the practice of M. Dupuytren.

He professes to have taken it from the 3rd vol. of the *Lecons Orales*, which, as we have already stated, makes no allusion to the subject.—The patient, a female, æt. 59, had suffered from hernia on the right side (femoral) for 12 years. It became strangulated and was reduced; but the symptoms continued. Inflammation took place in the parts where the hernia had been situated, which was followed by suppuration, infiltration of the cellular tissue, and ulceration of the skin. A fœcal fistula relieved the obstinate constipation, and the patient finally recovered.

In the *Théses* by Dr. Breschet, p. 104, are recorded the particulars of a case of femoral hernia, which terminated fatally, in consequence of the reduction of the tumour in mass. The patient a female, age 55, had been troubled with a hernia on the right side for several years, which, however, had always been easily reduced, and retained by a truss. Fifteen days before her admission into the *Hôtel Dieu*, she had suffered from symptoms of indigestion; the hernia had become painful and irreducible, to which, a surgeon had applied emollient cataplasms. When admitted, the symptoms of strangulation were very decided, and projections could be traced at different points of the abdomen, formed by the distended small intestines. The hernial tumor, about the size of a hen's egg, was very tense and irreducible. It was but little tender to pressure. Shortly after, there was vomiting of fœcal matter, when the tension of the abdomen diminished, and the hernia was readily reduced. The patient died thirteen days after her admission. In addition to the evidences of peritoneal inflammations, a knuckle of intestine, one and a half inches in length was found strangulated by the neck of the sac, the stricture having been caused, not only by the thickening of the neck, but by the additional pressure produced by an adhesion of the omentum to its surface.

Sanson declares (*Dict. de Med. et de Chir*, p, 571), that he has himself met with this form of rupture in three cases. A man was brought into his wards who had been treated for an attack of peritonitis. The patient intimated that he had suffered symptoms of strangulation in a hernia with which he was afflicted, but which had been reduced by himself. He was in a moribund state when he arrived, and survived but a few hours. Before his death, Sanson endeavored, but in vain, to detect the presence of a tumor, which he thought must exist behind the internal ring. In the post mortem examination, he found the fundus of the sac which had been completely reduced between the pubis and the fundus of the bladder. He then makes the following enquiry. "Suppose that I had been called to this man

in time, how could I have distinguished the symptoms under which he was labouring, from those dependant on an internal strangulation coinciding with the reduction of a hernia free from strangulation?" He likewise relates another case to show the difficulties which sometimes attend the diagnosis of this accident. A soldier arrived at Paris in November, 1828; shortly after, he was seized with violent colic pains, accompanied with nausea, vomiting of matter, at first bilious, then stercoral, and obstinate constipation. Leeches were applied, and baths administered without benefit. During the five succeeding days, the symptoms became more aggravated, with tympanitis of the abdomen and great sensibility to pressure. Inquiries were made of the patient if he had been troubled with a rupture, to which he at first replied in the negative. He finally acknowledged, however, that for several years he had been thus affected, and that he himself had reduced it, though with difficulty, a few hours previously to the manifestation of his earliest symptoms. Although the inguinal region was examined with great care, no tumor could be felt. Indeed there was less pain and tumefaction in this than any other part of the abdomen. In passing the hand over its walls, the convolutions of the distended intestines could readily be perceived. Efforts were vainly made to produce a re-descent of the hernial tumor, and the situation of the patient became desperate. For thirteen days objections were made to the proposals for an operation, which was to consist in laying open the inguinal canal and seeking the hernia. Consent was finally given, and Sanson was about to operate, when, on examining the abdomen again, he discovered for the first time, among the projection formed by the intestinal convolutions, a kind of cylindrical column, which descended on the left side towards the iliac forsa, and was lost in the pelvis. Supposing this column to be formed by the descending colon, and that the obstruction might not be far distant from the anus, and, taking into consideration the fact, that the right inguinal region, the seat of the hernia, was the least tense and painful part of the abdomen. Sanson resolved on trying other means before he resorted to an operation attended with so much risk to the patient. The enemata previously administered, had returned as soon as given, without bringing away any fœcal matter. Hoping to reach the obstruction, he attempted to introduce a large and long gum-elastic bougie. At first, he met with considerable resistance, and was convinced from the sensation made upon the fingers, that the intestine was contracted upon itself at that point, so as not to permit the entrance of the

bougie. Proceeding with caution, however, and rotating it between the fingers, he succeeded in passing it the whole length. An injection of olive-oil was then administered, and it was thrown up with great force. This brought away a slight discharge, and he resolved to promote the tendency to the re-establishment of the passage, by the most active means. As the patient was vomiting almost incessantly, no purgative could be given by the mouth. Twenty-four grains of calomel were taken in the course of 24 hours, but it was soon rejected. For two days frictions of castor oil upon the abdomen, tobacco enemas, and the application of ice to the belly, were tried without success. Recourse was again had to the oleaginous injections, and as before they produced slight evacuations. These were repeated perseveringly, and blisters were applied to the inside of the thighs, on the surface of which were sprinkled a few drops of croton oil. A few hours after this application, the patient began to pass some stools, and for several days he continued to discharge an immense amount of fecal matter, after which, all the symptoms subsided. The hernia re-appeared spontaneously; it was soft, irreducible, but presented no sign of strangulation.

In commenting upon the above, M. Sanson properly observes, that we should carefully weigh all the circumstances calculated to throw doubt on the existence of a hernia, of its strangulation, and of its reduction *en masse*, before we resort to an operation which, in suitable cases, will be attended with the happiest results, while, under other conditions, it cannot fail to aggravate the situation of the patient.

M. Jobert, in his *Traité de Mal. Chir. du Canal. Intest.*, p. 489, describing the different forms of internal strangulation, arranges them under three different heads, the first of which consists in the reduction of the hernial sac by the taxis, with its contents still strangulated, &c. Cases of this kind, he observes, are numerous, and the multitude of them cited by authors, he continues, should henceforth "*faire autorité dans la science.*" In addition to the cases of Le Dran, Dupuytren, &c., which we have mentioned; he remarks, that similar facts have also been described by Peyronie and Cruveilhier.

In the *Lond. Med. Gazette*, vol. i., p. 484, is published the account of a case of scrotal hernia, which was brought to the Middlesex Hospital, and placed under the care of sir Charles Bell. The patient, a male, æt. 47, had been subject to hernia for twenty years, five years previously to his admission, there had been some difficulty in reducing it. After that time he wore a truss, but continued the

use of it for a short time only. On the 7th. February, his rupture descended: he felt sick and took a black-draught, which was vomited. Next day he sent for a chemist, who made several attempts to reduce the hernia, but without success. Another surgeon, who accompanied him to the hospital, succeeded in reducing it, so that the tumor disappeared, and he could even push the point of his finger into the external abdominal ring. After this operation the patient expressed himself greatly relieved. There had been no evacuation from his bowels, however, from the time that the hernia came down till he was brought to the hospital. Cathartics and enemas had been administered, and he had been bled to the extent of twenty ounces. When admitted he had constant vomiting, his abdomen was tympanitic and exquisitely tender to the touch, especially at its lower part, on the right side, the seat of the rupture. The pulse was small, quick, and almost fluttering, and his features were sunken and pallid. The house surgeon ordered a dose of castor oil with laudanum and a clyster. This produced three motions, and he expressed himself as being a great deal better, and quite easy. His pulse was fuller, and during the greater part of the day he continued to feel easier than he had hitherto been, but about 6 o'clock in the evening it was found that his extremities were cold and damp; he was restless and complained of pain in his abdomen. The hernia came down repeatedly during the day, and was each time reduced with great facility. He died that night. On examination, the hernia was found in the scrotum, having come down shortly before death. The small intestines were highly inflamed, distended to their utmost, and in some parts loaded with dark fluid contents. The portion of gut included in the hernial sac. was a knuckle of the intestinum ileum, very near to its termination in the cæcum. A large duplicature of the transverse arch, with a thickened mass of omentum attached to it, appeared from its form and the old adhesion that united it to be the portion which had been reduced five years before, when the rupture had descended. On examining the contents of the hernial sac., it was found to contain a portion of distended and mortified intestine. At the seat of the stricture, viz., the neck of the sac, the gut appeared soft, as if it were about to ulcerate, and there hung a fold of peritoneum upon the inside, which was loose, resembling an empty bag. Upon squeezing the strangulated portion of intestine, and evacuating some of the air which distended it, the intestine could very easily and effectually be pushed through the external abdominal ring, so as to be hid from the sight. On looking to the inside, however, it was

seen that the portion of gut had carried the neck of the sac before it into the abdominal cavity, and that the duplicature of the peritoneum, which has been described, being unfolded, has formed a new sac for including the knuckle of intestine on the inside of the abdominal muscles. Thus, the fold of intestine was pushed through the external abdominal ring, through the spermatic canal, and through that part which is described to be the internal ring, and was reduced within the abdominal muscles, but not within the abdominal cavity. The neck of the sac had been torn off from the internal ring in the efforts at reduction, but continued to grasp the included portion of gut.

After noticing the liability of the pressure of a truss to produce a thickening of the neck of the sac, he proceeds to relate the following : "A patient was brought into the hospital, moribund, and died. He had been operated on by the taxis, and the surgeon was convinced that he had done everything required of him. A tumor was discovered quite within the muscular walls of the abdomen, which proved to be strangulated intestine within the peritoneal sac : so that the surgeon had reduced the sac and the intestine within it, and the stricture which produced the strangulation being in the mouth of the sac, there was no relief, and the patient died." Here, then, is the first thing you will reflect upon when this question is agitated, regarding the propriety of opening the sac. Always remember, that in certain circumstances "*the stricture is in the neck of the sac itself.*" At a meeting of the London Medical Society, in Nov. 1829, Mr. Stephens, the author of a well known treatise on "Obstructed and Inflamed Hernia," detailed a case of ventral hernia, which occasioned a very mild form of obstruction of the bowels, not leading, at first, to any suspicion of hernia as the cause, the tumor being so easily reducible, that the integuments covering the hernia could be pushed, almost together, through the opening, leaving behind an indentation, instead of a swelling ; but the hernia returned when the fingers were removed. After more than a week from the commencement of the symptoms, Mr. S. believing that the hernia was the cause of the obstruction, persuaded the patient to submit to an operation. A small portion of discolored intestine was found adhering to the sac, the other part being entirely loose : the opening into the abdomen was large, and allowed the fingers to pass freely by the side of the intestine. The adhesion was separated, and the bowel passed readily into the abdomen, without any stricture being found or divided. The patient recovered.—(Lond. Lancet, 1829.) Mr. S. also stated, that a case

very similar had occurred to him, but as no hernia could be detected, the patient was not subjected to operation, and died. The autopsy revealed an adhesion like that which existed in the former case. The cases reported by Bransby Cooper, in *Guy's Hosp. Reports* for Oct. 1839, show in a striking manner, the difficulties which may occasionally be encountered in the treatment of strangulated hernia, and as it is our object to collect the more important symptoms by which the variety under consideration may be diagnosed, we venture to offer a brief analysis of his report. April 26th, 1839, Mr. Toulman visited Mr. L., æt. 68, who was suffering much pain in his bowels, and at the pit of his stomach, attended with much vomiting, Bowels had been moved twice during the day. Mr. T. saw him at 10 P.M. Being aware that his patient was the subject of rupture, Mr. T. inquired whether it was up, and was told that it was "all right." Rhubarb and magnesia were prescribed to relieve his *supposed* indigestion. This was rejected, and the patient passed a restless night. Next day at noon Mr. T. was told that a well-formed motion had been passed. In the evening, symptoms became more urgent. On examination, the right inguinal region, for many years the seat of hernia, to which a truss had been applied, appeared unusually flat, especially when compared with the opposite side. This was supposed to arise from the absorption of fat, from the continued application of the truss. The fulness on the left side, however, did not depend wholly on the accumulation of fat, as a small hernia protruded through the external ring, which returned under the act of its examination. Still, there was greater fulness on the left than on the right side. On the 28th, symptoms remaining much the same. Mr. T. with his son again examined for outward signs of intestinal obstruction, but nothing could be discovered. On the 29th. notwithstanding the administration of calomel, opium, effervescent draughts, and turpentine enemas, the constipation continued obstinate. Then were stercoral vomiting and hiccough. Pain of the abdomen somewhat abated; and pulse intermitting, although this was not unusual with him in good health. Owing to the greater fulness on the left side, it was suspected that this was the seat of the obstruction, though the hernia on that was reduced as readily by the taxis as the one on the other side. The propriety of an operation being now discussed, Mr. Cooper was requested to examine the patient. This was on the afternoon of the 29th. To him the fulness on the left side had not the appearance of a circumscribed tumor like hernia, but of a natural disposition of fat, the absorption from the pressure of the truss on the

right side having given rise to the inequality of size. Upon manipulation, however, a somewhat unnatural sensation was communicated as well as that of fulness, in the left inguinal canal. No protrusion could be felt on the right side, but upon desiring the patient to cough, the hernia immediately descended, but could be reduced again by the most gentle pressure. The forefinger was passed into the inguinal canal by pushing the loose skin through the external ring, and the patient was desired to cough, when complete evidence was afforded of the absence of any descent through the internal ring. The left side was therefore suspected of being the probable seat of mischief. The inguinal canal was opened, and a small empty sac alone found; neither was any light thrown upon the nature of the disease. The patient died at 10 o'clock, A. M., on the 30th April. The autopsy proved the correctness of the opinion formed during the exploration of the previous day, that on the left side there was no existing cause for the symptoms which had proved destructive to life. The anterior parietes of the abdomen were then turned down, and the position of the intestines carefully investigated. On examining the region of the old reducible hernia, a portion of intestine was discovered in the sac, which proved as easily reducible as it had been during life; but on drawing the intestine out of the situation of the internal ring, it resisted displacement as if some adhesions had retained it there. Looking for the cause of this retention, it was found that a portion of intestine had become strangulated in a small hernial sac, which was situated anteriorly to the larger one, conjoining the reducible hernia. This portion of intestine and its sac which strangulated it, were situated within the cavity of the abdomen, and could not have been relieved even if the exploration had been performed on the right side, unless the dissection had been made on the hernial tumor while protruding into the scrotum.

In another case of Mr. Cooper's, the patient, a healthy looking man, had been the subject of inguinal hernia, on the right side, for thirty years. No difficulty had been experienced in its reduction till Nov. 18th, 1834. While at stool, in the morning, his rupture descended, and he immediately became sick. Being unable to reduce the hernia, he applied for admission to the hospital. He was then suffering from constant sickness: pulse soft and compressible; tongue dry and furred; skin cool but clammy; countenance rather anxious. The hernia had descended into the scrotum; but was not tender, even on pressure. The reduction having been attempted without success, he was ordered into a warm bath, and subjected to its influence for half

an hour, when he became faint, and a further application of the taxis proved apparently successful, for the hernia was returned into the cavity of the abdomen. He expressed himself relieved, and at his request, the truss was again applied. An enema was given but returned immediately, without producing any evacuation. The urgent symptoms soon returned, his pulse became quicker; and he passed a restless night, with occasional vomiting, and the bowels continued obstinately constipated. On the 19th there was vomiting of fecal matter, and at one o'clock, P. M., Mr. C. made another careful examination, but neither in the seat of the old hernia, nor in any other situation of such protrusions, could he discover any thing which would lead him to explore any outlet from the abdomen. The patient died at half past six o'clock that afternoon. The autopsy revealed the following: peritoneum generally inflamed; in the lower third of the small intestines, a knuckle of the intestine, to the extent of about two inches, was found strangulated in a distinct sac, lying between the right linea ileo-pectinea and the bladder, being placed in the natural pouch of the peritoneum, leading to the internal abdominal ring, and which usually forms the sac of an inguinal hernia. The sac, as seen within the abdomen, seemed about the size of a large walnut; its aperture which formed the stricture was of considerable size, although the stricture around the intestine was pretty firm. The sac itself was not much discolored, but the intestine within it was of a dark greenish hue. A firm and reddish margin of omentum adhered to the front of the sac very firmly, and some bridges of adhesive matter confined the cœcum in the iliac fossa. About three inches of the ileum below the stricture, showed evidence of former constriction, the middle part of this portion being slightly dilated, thickened, opaque, and injected; whilst the two extremities were marked by an irregular patch or flake, as if cicatrization had been the result of some former physical compression.

From the remarks of Mr. Cooper, with regard to the treatment which we should adopt in similar cases, we infer that he must have been unacquainted with the brilliant results which had been attained by Arnaud, Sabatier and Dupuytren, for when he suggests the propriety of exposing the inguinal canal and laying open the sac, he does not even refer to the successful practice of those distinguished surgeons.

Indeed, although the report of a case, already noticed, which occurred at the Middlesex Hospital, under the care of Sir Charles Bell, was published in the London Medical Gazette for March, 1828, and although it subsequently formed the subject of a clinical lecture by

that gentleman, yet to Mr. James Luke, one of the Surgeons to the London and St. Luke's Hospital, belongs the credit of having first presented this matter to the profession, in a manner commensurate with its importance. This truly excellent Surgeon boasts of an experience in these cases, almost equal to that of Dupuytren, a circumstance to be explained by the fact, that the number of cases of accidents of all kinds admitted to the London Hospital exceeds that of any other in that great metropolis. During the winter of 1846-7, the writer had the honour of forming Mr. Luke's acquaintance, and received from his own lips many of the details of the cases below inserted. For a complete summary of Mr. Luke's experience we would refer to the 26th vol. of the Medico Chirurgical Transactions, where may be found a valuable paper by this gentleman which was read before the Royal Medical and Chirurgical society on the 25th April, 1843, and to the London Medical Gazette for*—— and Feb. 1849, for the reports of cases, in which he endeavors to show, that the reduction of strangulated hernia *en masse*, although rare, is by no means so infrequent as is generally supposed, "and that it should be held constantly in view as an occurrence within the range of ordinary probabilities, and as requiring only favouring circumstances for its developments." He was led to the above conclusion by the occurrence of seven cases of reduction *en masse* under his own notice; "a conclusion the more desirable to be adopted," he remarks "as an error of omission during the actual existence of such reduction, will prevent the only means likely to be available to the safety of the patient."

His first case was a male, æt. 50, with an inguinal hernia on the right side, of thirty years duration. He had all the symptoms of strangulation, but the hernia was quickly reduced by the dressers, and the patient was relieved. In about a fortnight, it again descended and became strangulated, but was reduced by himself. He grew worse, however, and died some days afterwards, immediately subsequent to an effort made to force an evacuation from his bowels. Two other cases were not seen by Mr. Luke till after the patients' death, and he remarks that a great similarity of circumstances appears to have attended the whole of these cases. In each, the hernia was oblique inguinal, and reduced by the patients own efforts. In each the precise nature of the case was unknown during life, and no at-

* In his report of his last case, he mentions that he had reported another some time since in the Gazette, but after some search we have been unable to find it, and as at present we have not the London Medical Gazette at our command, we are compelled to omit its details.

tempt was made to afford relief by operation, and in each the autopsy revealed a hernial tumor in the vicinity of the internal ring, reduced through the abdominal parietes, but lying exteriorly to their general peritoneal investment. When opened, the fundus of the tumor was found to lie below the level of the ring, towards the cavity of the pelvis, the contents being found in a state of sphacelus, and strictured by the neck of the sac, in which they were enclosed.

The first case which came under Mr. Luke's own *treatment*, was that of a short muscular stage-coachman, æt. 30, who, whilst driving, had a hernial protrusion through the left inguinal ring, which at the time was not attended with pain. Without descending from his seat, by pressure, he caused it quickly to disappear. In about an hour he began to feel pain in the bowels, and sickness. His symptoms becoming more aggravated, he was admitted into the hospital during the night of Aug. 30, 1839, nearly three days having elapsed from his first attack. As he was suffering all the symptoms of strangulation, inquiries were made as to the previous existence of a hernia, to which he replied that he had been the subject of a large rupture on the left side for many years, during the greater part of which he had worn a truss for its support. Suspecting that the tumor had been returned with its contents still suffering from strangulation, a careful examination of the inguinal rings and canal was made, with the hope of detecting some indication of a local character, by which the surgeon might be guided in his proceedings, but nothing was discovered.—The inguinal rings of both sides were entirely free from every appearance of tumor, and the canal was devoid of all external evidence, indicative of a hernial descent. There was no fulness of the abdomen in the vicinity of the ring, and the pain caused by pressure in that situation did not exceed that on the right side. Aug. 31st, a consultation was held, at which, in the absence of clearer indications, it was considered most prudent to abstain from any operative proceeding. Being unwilling to abandon the patient without making some effort for his relief, Mr. L. determined to perform an exploring operation, but on proposing this to the patient, the emphatic assurance which he gave, that at the time of his reducing the hernia he had employed but very little force, and that reduction was attended by no pain, led Mr. L. to relinquish the idea. Mr. L. was under the necessity of leaving London for a few days, but on his return, Sept. 4th, he found his patient still alive, with all his dangerous symptoms increased. A local indication had also now arisen, viz: a tumefaction along the course of the inguinal canal, which induced him instantly

to propose and perform the operation of exploration which he had before contemplated.

An incision was made over the seat of the swelling, from which a quantity of highly offensive, sanious fluid exuded, the infiltration of which into the cellular texture, of the part, had given rise to the tumefaction. Extending the incision towards the internal ring, a lustreless, greenish membrane presented itself, the tense and rounded surface of which reached beyond the limits of the opening made by the operation. This was at once recognised to be the sac of a hernia, and opened. It contained a large quantity of intestine, sphacelated and reduced to a pulpy condition, which gave way under the pressure of the finger, introduced for the purpose of ascertaining the seat of the stricture, which was reached with great difficulty, in consequence of its distance from the opening of the parietes. When reached, the finger was passed through it, but its withdrawal was followed by fœculent discharges, rendering further divison unnecessary. A free rent for the discharge was made, by enlarging the external wound, over which a poultice was applied, whilst stimulants were administered by the mouth. Copious discharges continued to flow from the wound for two days, at the end of which he died, being on the seventh day after his admission. The autopsy more fully exposed the large hernial sac which occupied a considerable space just within the abdominal parietes, in the vicinity of the internal ring. The fundus of the sac, lay a little below its level, towards the cavity of the pelvis, while the neck (still contracted, so as obviously to have been the original seat of structure) lay in an upward direction towards the umbilicus, and between three and four inches distant from the situation of the internal ring. The whole sphacelated contents were empty, collapsed, and in a pulpy state.

The second case occurred in a baker, æt. 40, also, a rather muscular man. He had a large inguinal hernia on the right side of upwards of twenty years standing, with a small hernia on the left side of about four years. At 7 o'clock, p. m., Jan. 6th. 1843, while removing some bread from the oven, he was suddenly seized by a severe pain, extending from the vicinity of the left inguinal ring across the abdomen. The hernia had protruded under the pad of his truss. Warm fomentations were applied to the tumor, and attempts made to reduce it: in these, the patient supposed he had succeeded, for the tumor had disappeared. The symptoms growing worse, Mr. L. was called in consultation, Jan. 7th. 9 p. m. On examining the groins, he found, that the hernia of the right side descended into the

scrotum, which it filled to a considerable extent : it was not painful, and was easily reduced. There was no tumor on the left side perceptible to the sight, yet on making pressure, one was obscurely felt in the situation of the internal inguinal ring, somewhat rounded on its surface ; but not well defined. When pressed it receded more deeply within the abdomen, and was slightly painful. Suspecting that the hernia had been reduced *en masse*, the patient was placed erect, and requested to cough and strain, hoping that it might thus be again protruded. These efforts having failed, Mr. L. suggested an exploring operation, but not wishing to precipitate an operation in so uncertain a case, it was deferred for a few hours, with a view to try the effect of medicine. It was arranged to meet at 9 o'clock the next morning, and then, if deemed advisable, to operate. In the interim, calomel and opium, with Epsom salts were prescribed. In the morning the patient was better. The medicine had been retained, and the pain in the abdomen and vomiting had ceased. The tumor, before obscurely felt, had entirely disappeared, and there was no fulness in the part which it occupied. The pressure of the hand, however, produced a slight pain, but it was much less than when last examined. These favorable symptoms led Mr. L. to suspect that the conclusions of the previous night had been erroneous ; still the constipation remained obstinate. At 12 o'clock, the vomiting had returned, and at 3 o'clock, Mr. L. found the patient in every respect worse. The operation was then immediately performed. The integuments over the course of the inguinal canal were divided to the extent of three or four inches, and the tendon of the external oblique muscle, the external abdominal ring and spermatic cord were thus exposed. A finger was introduced into the ring, but no trace of a tumor could be discovered. The tendon of the external oblique was then divided, and the spermatic cord was found clear and unobscured by any superjacent structure except a small lobule of fat which overlaid its upper part. Pursuing the examination towards the internal ring, some cellular membrane, lying on the inner aspect of the cord, appeared more condensed than usual in that situation ; this proved to be a condensed capsule containing an empty cavity within it, sufficiently large to contain a small egg. This capsule was supposed to have formed an investment to the hernial sac, and its empty state was explained by the reduction which was presumed to have been affected. A finger passed along this cavity entered the internal ring, the large, firm borders of which were distinctly perceptible. A little more deeply, the rounded and tense surface of a

tumor was readily detected, which, after some little more exposure, was seen to be dark-colored. This was evidently the hernial sac, and the fact of a reduction *en masse* was made manifest. The stricture was found to be at a considerable depth from the internal ring, and probably upwards of two inches from the abdominal parietes. The margin of the internal ring was freely divided, and the hernial tumor easily drawn out into the inguinal canal, and opened without the risk which would have attended the proceeding, had it been attempted while it lay deeply within the parietes. The sac contained a small quantity of very dark-colored fluid and about six inches of small intestine, of a dusky-red color, with one small black spot on its surface, the whole being strictured by the neck of the sac. This was easily divided, after which the contents were readily returned within the general cavity of the peritoneum, and the wound closed. Jan. 16th, the patient had completely recovered.

The last case reported by Mr. Luke (Lond. Med. Gazette, Feb. 16, 1849,) proved fatal although the strangulation was relieved by an operation, and is particularly interesting as it bears upon the subject of diagnosis and treatment,—Mr. S. æt. 79, had been the subject of inguinal hernia on the right side, for thirty years. It was about the size of a hen's egg, rather hard and painful, had descended at noon on the day previous, but was readily reduced by Mr. Pape, the surgeon to whom he applied. Though greatly relieved, the pain did not wholly subside, and on his return home, began again to increase in severity, and to extend over the lower part of the abdomen. Towards evening vomiting supervened, and after a very disturbed night, the symptoms became much aggravated in the morning with a great increase of pain, and all the other signs of intestinal obstruction. In the right inguinal region was a very small and soft tumor at the ring, which disappeared on the application of very slight pressure, but re-appeared when the patient coughed. It was not painful and was supposed clearly not to be a hernia in a state of strangulation, but was presumed to be a small portion of adherent omentum. The spermatic cord below it was distinct, and unobscured by any intervening structure between it and the integuments. Pressure excited severe pain, a little above the internal ring, from whence it shot across to the opposite side of the abdomen. By increasing the pressure at the same part a tumor could be very obscurely felt beneath the abdominal muscles until by the pressure, it receded so far that it could no longer be recognized. In view of all these facts it was concluded that the hernia had been reduced *en masse*, and that it was still in a state of strangulation.

An operation was proposed and performed by Mr. Luke, about twenty-five hours from the first descent of the hernia. A fold of integuments over the inguinal canal, external ring, and upper part of the spermatic cord, was transfixed and divided to the extent of about four inches. A little dissection brought the small tumor previously mentioned into view, which was then opened, and a very small portion of omentum was found so entirely adherent to its sac as to close all communication with the abdomen. The spermatic cord below the tumor was distinctly visible from within an inch of the external ring downwards, being uncovered by any superjacent hernial sac, a circumstance of importance to be noted, says Mr. L., since it is highly probable that this part had been covered by a sac previously to the reduction of the hernial tumor, which was about the size as already stated of a hen's egg, and this fact was to Mr. L. strong presumptive evidence that the sac had been reduced into the abdomen, together with its contents, which were supposed to be in a state of strangulation. On introducing the finger through the ring, no tumor could at first be detected, but when the adherent omentum and sac were drawn down, a rounded body was felt, which was evidently the hernial tumor, but so deeply seated as not to be freely exposed except by a greater division of the abdominal parietes than Mr. L. felt justified in making until other expedients had failed. Considerable traction of the omentum was now employed, the rounded body had slipped from under the finger and could no longer be felt. On continuing the traction, a portion of sac, or what appeared to be so, was brought into view, and held forcibly down whilst Mr. L. continued the dissection necessary for its division. When divided it was found to have been emptied of its contents, with the exception of some fluid which escaped. On passing the finger through the aperture made, it was found that at the distance of about two inches there existed a considerable contraction, forming a very narrow communication with the general cavity of the abdomen, with rigid margins, and an aperture not larger than sufficient to admit the point of the fore finger. The original seat of stricture and cause of obstruction was now supposed to be reached, from which it was thought the hernial contents had escaped during the manipulations used to bring the tumor into view. The sac being empty, and nothing within the influence of the stricture, Mr. L. believed that the operation had been carried sufficiently far, and that he had attained the object of liberating the strangulated hernial contents for which it was undertaken. The wound was therefore closed and the patient, somewhat

exhausted, placed in bed after a little wine had been administered to him. The operation was performed on the 3d Nov., and the case proceeded favorably until the morning of the 9th, when considerable change in his condition took place, and exhaustion became so severe that he died on the 10th.

In the second volume of Chelius' Surgery, by South, p. 274, we are informed that in the Museum of the Royal College of Surgeons, there is an example of inguinal hernia, reduced in mass and pushed between the abdominal and iliac muscles and the peritoneum, partly lying below the crural arch, and extending outwards nearly as far as the external iliac vessels. It forms a considerable swelling inwards towards the cavity of the belly, but is not perceptible externally. The rupture was an old one, and the patient having worn a truss, was not inconvenienced by it, nor ever had difficulty in returning it, till it became strangulated.

We are also informed that a case occurred under the care of Messrs. Green and Callaway in 1836. The patient several years before, whilst in Spain, had symptoms of strangulation and a swelling in the scrotum, which, having been pushed up completely by a Spanish surgeon, after a time the symptoms subsided, and he was not farther troubled until the following attack. There was now a swelling on the left side of the scrotum, irreducible but transparent, and accompanied with symptoms of strangulation. No relief being obtained by medicine, the following operation was performed. A cut was made into the swelling, the fluid evacuated, when the finger could be readily passed in and turned freely about. The intestines were felt, as it seemed in the belly, and free from strangulation. Four days afterward the patient died. The autopsy showed that the cavity opened in the scrotum did not, as supposed, permit the finger to pass directly into the general cavity of the peritoneum, but into a large sac lying between the iliac fascia and the m. iliacus, in which were contained intestines, strangulated in a small aperture at the upper and inner side of the sac, where was the communication with the cavity of the belly. The testicle lay behind the scrotal sac, just at the external abdominal ring. Mr. Green supposed that the rupture was congenital, and that when the patient was in Spain, the surgeon had violently thrust up the whole rupture and the testicle into the belly, the sac doubling on itself; but that the intestine had then partially or completely relieved itself, and that afterwards the sac had lengthened downward, forming the swelling filled with fluid, which existed in the scrotum, and had been cut into.

M. Laugiér has described in the *Bulletin Chirurgicale*, tom. 1. p. 363, a singular case, in which there was not only a reduction of the sac, but as in the case of Sir Chas. Bell, an arrachement of the neck. This had been detached by the attempts which had been made with the taxis, and had been returned within the abdomen, maintaining, however, its proper relations with the portion of the intestine which had protruded. The symptoms continued unabated, and the patient rapidly succumbed. On opening the abdomen, a fold of intestine about a foot in length, was discovered in the hypogastric region, surrounded by a flat circular band, from three to five millimetres in length, but which at no point adhered to the intestine, which was strangulated. That which excited most surprise, however, was the discovery of something resembling the finger of a glove truncated at its summit, situated near the orifice of the inguinal canal, and it was easy to perceive, says M. Laugiér, that it arose from the peritoneum, lining the abdominal walls in the vicinity of the ring, which had been drawn inwards by the intestine.

In the *Provincial Medical and Surgical Journal*, for Feb., 1843, is published the account of a case which occurred in the practice of Mr. Banner, of the Northern Hospital of Liverpool. The patient, a male, æt. 42, had been subject to inguinal hernia for many years, but had always been able to reduce the gut. Two days previously to his admission, the hernia had descended, when he was seized with great pain in the bowels and constant vomiting. Being unable to reduce it as usual, (the tumor had always descended into the scrotum,) he sent for a surgeon, who bled him, and by the taxis succeeded, in returning the hernia, which was about the size of a hen's egg. The symptoms of strangulation continued, he was again carefully examined, but the ring could be clearly felt, and there was not the least indication of a tumor in the inguinal canal. He was therefore treated actively for inflammation, but the patient died on the second day after admission. On examination of the body, a small knuckle of intestine was found just within the inner ring, strangulated by the sac which had been returned with it. This portion of intestine was mortified, and the peritoneum was in a state of high inflammation.

Mr. Robert Wade has reported a case in the *London Lancet* for July, 1845, attended with considerable difficulty in the diagnosis, but in which an operation was performed with success. A man, æt. 75, had been afflicted with inguinal hernia on both sides for nearly thirty years. The tumors were sometimes as large as a good sized pear, and occasionally descended into the scrotum, but were always easily

reduced, and generally retained by a truss. Two days previous to Mr. Wade's visit, on getting out of bed, he experienced a slight momentary pain in the right inguinal region. In the afternoon, symptoms of strangulation became manifest, but not the slightest appearance of hernia could be detected on either side, nor was there any tenderness or very firm pressure over the inguinal canal, or any part of the abdomen. It was evident, however, that there was obstructions at some part of the intestinal canal, and the herniæ were strongly suspected of being its seat. The only reason for this suspicion, however, was the slight darting pain in the right inguinal region, felt on first getting out of bed. The spermatic cord was more distinctly felt on the right than on the left side, and from all the circumstances of the case, Mr. W. concluded that the right hernia, with its investing sac, had been reduced *en masse* by the patient, and that the obstruction existed in the neck of the sac on that side. The symptoms grew worse, although there was not the slightest tenderness on firm pressure in any part of the abdomen, nor could any tumor be felt in the vicinity of the rings. The patient was assisted out of bed, and made to cough, but although the rupture on the left side was forced down, there was no descent on the right. The attempt to bring down the tumor could not be persevered in, for he soon became so faint as to fall backwards on the bed, with a pulse scarcely to be felt. Although the symptoms indicated obstruction of the intestinal canal, rather than any serious mischief of the intestine itself, yet, taking into consideration the exceeding depressed state of the patient's nervous system, the extremely harassing sickness from which he had now for some length of time suffered, as well as his advanced age, it appeared highly desirable, says Mr. W., that some more efficient means should be adopted for his relief. An exploring operation was performed on the right side, the hernia having been made to protrude half an inch through the external ring, by placing the patient in the erect position and, by employing pressure on the abdomen. The layers of fascia being divided, and the sac laid open, which was found thickened and closely embracing the intestine, about half a teaspoonful of a light brown serous fluid escaped, and a small knuckle of intestine, rather red from congestion, was observed. The finger was then passed within the sac, along the intestine, which, at the extent of about three inches, was found firmly embraced by a membranous band. This was divided, and the strangulated portion of intestine reduced. The bowels acted freely the next day, and the patient eventually, although slowly, recovered.

J. B. Demeaux (Op. Cit. p. 34) relates a case communicated to him by M. A. Berard. A clergyman had been troubled with crural hernia on the right side for several years, which, however, could be readily reduced or be made to reappear; whilst speaking the rupture descended, but the patient himself reduced it, when he was suddenly seized with all the symptoms of strangulation. The hernia was made to descend again from the abdomen, but he was not relieved. About the third day after the first reduction, the operation was performed. The crural ring was perfectly empty, although somewhat enlarged. On introducing the finger, a tumor was detected within the abdomen, which the surgeon attempted to draw down with the forceps, in which, however, he but partially succeeded. Discovering in this tumor a hernial sac, very much thickened, the operator incised it, when some bloody serum escaped; with the finger, the intestine itself was soon reached, and the discharge of a large quantity of fecal matter followed. The patient died in thirty-six hours. The autopsy revealed, 1st, the traces of a sub-acute peritoneal inflammation; 2nd, a hernial sac situated chiefly within the abdomen; 3rd, the neck of the sack adhering to a fold of the intestine, which was perforated on the side of the cavity of the sac. Demeaux also states that he has himself seen an instance of this kind, which occurred at the Hotel Dieu, under the care of M. Blandin, and in this instance the rupture was inguinal and of *large size*.

In the Provincial Medical and Surgical Journal, for January 1849, Mr. James Reid has reported a case of incomplete reduction *en masse*. The patient, æt. 75, had double inguinal hernia, which partly filled the scrotum. He had worn a truss for nearly 40 years. That on the right side was most recent and troublesome, having been once incarcerated for several days, with constipation and vomiting, and was finally reduced with difficulty. Unusual vomiting brought on his last attack, which commenced with severe pain in the abdomen with vomiting. The attempts that day to reduce the hernia were unsuccessful, next day the patient tried again, pressing with a hot tile. After some time, the swelling was reduced in size, but the symptoms continued unabated. A small swelling was left in the inguinal canal, which his physicians tried to reduce. Purgatives were now administered. Forty-eight hours after the attack, the patient had an anxious countenance, there were constipation and vomiting, with hiccough; the abdomen was distended, but not tender, except in the immediate vicinity of the right inguinal region. Here was a small diffused swelling, "a kind of fulness of the part," so ill

defined, however, that it was said at first, there was no protrusion, but by comparing the affected with the other side, or pressing with the fingers, the tumor was more readily detected. This pressure produced pain and caused it to recede, but when removed the swelling immediately returned. A lump, feeling like a loose sac containing omentum, occupied and extended from the external ring. The taxis, enemata, &c. producing no change, an incision was made opposite the internal ring directly over the swelling and continued parallel to the inguinal canal, through the coverings of the supposed hernia, when a tumor the size of a large walnut was exposed in the upper part of the canal. A portion of small intestine of a dark color, but of natural lustre, with a small quantity of dirty fluid, were found in the protruded sac, which, however, formed but a small part of the whole sac, the remainder extending so far within the abdomen that it required the full length of the index finger (a middle sized one) to reach the seat of stricture, viz., the neck of the sac. Before the stricture could be divided it was necessary to divide the lower edge of the abdominal muscles across their fibres, and to prevent the neck of the sac receding from the finger it had to be held by the divided edge. The nail of the fore finger was then with difficulty insinuated between the intestine and the stricture, and the latter divided. The return of the intestine, however, was opposed by some obstruction situated to the inner side of the neck of the sac, between which and the abdominal parietes the intestine was pressed, and could be felt passing towards the mesial line beyond the reach of the finger; it was dislodged from this situation and pushed back into the abdomen. Peritonitis destroyed the patient forty-eight hours after the operation, and on the post mortem examination, nearly a foot of the upper part of the ileum, the portion strangulated, was found to be dark-colored, almost black, and covered with patches of recently effused lymph. It was puckered up in the position it must have assumed in the sac, and deeply marked by the stricture, having also an additional depression partly encircling it below the indenture. The sac was of the form of a double pouch with a common neck and opening. A smaller pouch, about one-fifth of the whole, partly within the abdomen and partly protruding through the internal ring; a second and larger pouch, placed nearly at right angles to the former and extending from the inner side of the internal ring between the peritoneum and abdominal parietes. The cord of the obliterated hypogastric artery had been separated from its natural position on the inner side of the internal ring by the interposition of the larger

pouch. This formed the resisting band felt during the operation, and caused the second mark upon the strangulated intestine. The sac was readily drawn out from its double position, and then formed a simple bag. The outer side of the neck of the sac was only slightly separated from its connection with the abdominal parietes. The substance felt at the external ring proved to be a mass of fat, connected by a long pedicle extending up the inguinal canal to the exterior of the protruded portion of the sac. Mr. Reid was of the opinion that the obliterated hypogastric cord had some share in causing the small portion of the rupture to reappear when apparently reduced, and in preventing the complete reduction of the whole.

In Ranking's Abstract of the Medical Sciences, vol. 5, No. 9, is recorded the account of a successful operation by M. Homolle. It is copied from the *Union Médicale* and *Monthly Journal* for February, 1849. The hernia had been reduced by the patient, but as the symptoms of strangulation continued, M. Robert performed the operation. Finding all efforts, as coughing, &c., unsuccessful in causing a reprotrusion of the hernia, the integuments were divided parallel to the ligament of Fallopius, for three and a half inches, the division extending just below the inguinal ring. The aponeurosis of the external oblique was then divided throughout the whole extent of the wound, and the finger passed into the abdomen behind the inguinal region, by pushing aside the fibres of the internal oblique and transversalis, and pressing back the peritoneum and loose cellular tissue, uniting it to the anterior abdominal parietes. M. Homolle hoped to find the sac (as twice before under similar circumstances) in the iliac fossa, immediately behind the superior orifice of the inguinal canal. After a long and painful search, he found it behind the external border of the rectus muscle, glistening in appearance, and very movable. Several attempts were made with the forceps to draw it out, but the loose cellular tissue covering it, either escaped from his hold, or was torn without being drawn down. At length, after fits of coughing, courageously kept up for some minutes, it was slightly inclosed between the lips of the wound. The sac was then divided, and was found to contain a little serous fluid, a large red knuckle of intestine, and a pretty large mass of omentum in front. The sac was now drawn out and freely opened with the scissors, guided by the index finger, until the seat of strangulation was reached and divided. The intestine was with difficulty returned, whilst the omentum, on account of inflammation, was left protruding. The patient recovered.

The following case occurred to the writer, in the month of August,

1840, which he suspects to have been one of a similar character to those already related. True, he is unable to furnish positive proof upon this point, but when the symptoms are compared with those which have been detailed, in his opinion, it is rendered exceedingly probable. T. B., æt. 64, had been affected with inguinal hernia on the left side, upwards of thirty years. This, though large, had with but one exception given him little trouble, having always been easily reduced and retained by no other means than a leather strap. His general health previous to his last attack, was good. On Saturday, about noon, whilst raking hay, he was suddenly seized with all the symptoms of strangulated hernia. At midnight, I was called, and on examining the rupture, I found to my surprise that it could readily be returned within the walls of the abdomen. The left inguinal region was tender, and he could not bear the slightest pressure. He was bled freely, which afforded only temporary relief. To overcome the constipation, which was obstinate, castor and croton oil were administered, these being followed by tobacco enemas. Believing that the hernia had been returned *en masse*, an exploring operation was proposed, but to this the patient would not consent. On Tuesday morning he died, being the fourth day from his attack. No means were left untried to obtain an examination of the body, but permission was not granted.

We are aware that cases have been recorded where inflammation existed previously to the reduction of a rupture. The effects not having subsided on the removal of the mechanical cause, Mr. Lawrence refers in a note (Treatise on Hernia, p. 148) to an example related by Camper, in his *Icones. Hern.* p. 3, in which death occurred from peritoneal inflammation where an inguinal hernia had been returned without delay. Other authors we might here quote to the same effect, but shall defer what further remarks we have to offer upon this point till we come to the subject of *diagnosis*.

Since the first appearance of the substance of this essay in the American Journal of Medical Science for October, 1846, the writer has been informed of the occurrence of other cases of this accident, and he is inclined to believe, that now the attention of surgeons has been awakened to this subject, the number will soon be greatly multiplied. During his recent visit to London he was informed by Mr. Fergusson, the distinguished Professor of Surgery at Kings' College Hospital, that he had been called a few days before to see a case some distance from London, which produced great perplexity in the minds of the attending surgeons. The author cannot recollect whe-

ther it was a case of femoral or inguinal hernia, but his impression is, that the patient was relieved by an operation.

Within the last eighteen months a case of the kind occurred to Dr. Cheeseman, of New-York, which proved fatal. The patient (Adamson) had been troubled with inguinal hernia for many years, which he himself had always been able readily to reduce. It was about the size of a hen's egg, and at length became strangulated. After much *pushing up* with his hand, Adamson finally succeeded in affecting its return into the abdominal cavity, but he was not relieved. Dr. C. was then called, but as there was no appearance of a tumor externally, it was not deemed expedient to operate, and the patient died about four days after his attack. For the particulars of this case I am indebted to my friend, Dr. Sayre, of New-York. Figure 1 in the plate is taken from a wax preparation of the parts now in the Museum of the College of Physicians and Surgeons of that city.

The only American author, so far as we know, who has alluded to the accident under consideration is Dr. Joseph Parish. In his *Practical Observations on Strangulated Hernia*, published at Philadelphia in 1836, pp. 37-38, &c., after urging the propriety of opening the sac in every operation for strangulated hernia, he states that the seat of stricture may be in the hernial sac itself, and if this be unopened, the incarcerated parts may be returned, the symptoms proceed without the slightest mitigation, and the real character of the case revealed only by a post mortem. He then relates a case in which he was concerned, with Dr. Joseph P. Nancrede, an account of which was given in the sixth volume of the *Eclectic Repertory*. The patient was a male, æt. 30, with a scrotal hernia on the right side, of five years duration. It became strangulated. The efforts to reduce the tumor were at first unsuccessful, but this was finally effected about twelve hours after his attack. The patient was only temporarily relieved, and died on the seventh day. A portion of the jejunum in a sphacelated state, was found confined in the inner portion of the abdominal ring, strictured by the hernial sac.

(*To be continued.*)

PART SECOND.

BIBLIOGRAPHICAL NOTICES.

ART. VII. *The Diagnosis, Pathology, and Treatment of the Diseases of the Chest.* By W. W. GERHARD, Lecturer on Clinical Medicine to the University of Pennsylvania; one of the Physicians to the Pennsylvania Hospital, etc. Third edition, revised and enlarged. Philadelphia: Ed. Barrington and Geo. D. Haswell. 1850. 8vo. pp. 351.

THIS is a new and enlarged edition of a very valuable work—one which has stood deservedly high in the estimation of practical men. We see that this edition contains a variety of new matter, particularly on the effects of cod liver oil in the treatment of consumption. That something more positive and true was desirable on this point, is quite clear. The following, says Dr. G., may be given as the results of the use of cod liver oil in the medical ward of Pennsylvania Hospital during the last six months :—

1st. *Of the oil.*—That the light colored oil can be taken without difficulty by patients whose stomachs have steadily rejected the brown oil.

2d. *Of the mode of administration.*—That a few of the patients have taken the oil without any adjunct to disguise its taste. That its nauseating properties are corrected by its administration with milk; but that its taste is most effectually disguised by the froth of porter.

3d. *Of the time of its administration.*—That as a general rule it has been taken *before* meals, but that in four instances where it was not tolerated before meals it was readily taken after meals.

4th. *Of diarrhœa as a contra-indication to its use.*—That the ex-

istence of diarrhœa is not a positive contra-indication to its use. In three instances in which patients were thus affected, no increase of the symptoms was produced by its use, and no diminution by its abandonment. In a fourth instance, when the diarrhœa had previously existed, the discharge appeared to be increased by the exhibition of the oil, and abated with its withdrawal.

5th. *Of its effects in cases of phthisis pulmonalis.*—That patients using the oil have increased in flesh, in weight, and strength. That while using the oil, their cough and expectoration have diminished; that with some, hectic and rigors have entirely disappeared.

That six of them have been so much benefited as to leave the hospital and resume their former occupations. That in one instance, a patient who entered the hospital with cough, copious purulent expectoration, extreme emaciation, inability to leave his bed, and with the physical signs of a cavity under left clavicle, after six months use of the oil, left the hospital weighing 140 lbs., with little or no cough, no hectic or rigors, and with an almost entire absence of expectoration: the physical signs having greatly diminished.

6th. *Of the physical signs.*—That the improvement of the physical signs is not coincident with that of the general symptoms.

7th. *Of its use in general scrofula.*—That in scrofulous diseases where there was no reason to suspect the existence of pulmonary tubercles, the improvement of the patient's health has been very decided.

8th. *Of congestion of lungs as produced by cod liver oil.*—That there has been no decided evidence of such a result following the use of the oil in the preceding cases. [Two patients of the twenty while using the oil had severe attacks of hæmoptysis, but there was no reason to refer them to the use of the remedy.]

9th. That in those cases which have terminated fatally, the appetite, the nutrition, and strength of the patient appeared for a time to be decidedly increased; that the life of the patient appeared to be in this manner temporarily protracted; but that for a few weeks immediately preceding death, the remedy seemed to have entirely lost its value.

10th. *Length of time, &c.*—That to be of any decided permanent benefit its use must be steadily persisted in. It should be continued even after the most striking symptoms of the disease have in a great measure disappeared.

Appended to the volume, by way of supplement, is a short account of Dr. Hutchinson's Spirometer, a very ingenious and useful instrument, designed for the purpose of determining the vital capacity of the chest, and the modifications of the same produced by disease, &c.

ART. IX. *Materia Medica and Therapeutics: With ample Illustrations of Practice in all the Departments of Medical Science, and very copious notices of Toxicology, suited to the wants of Medical Students and Practitioners.* By THOMAS D. MITCHELL, A. M. M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine; formerly Professor of Chemistry and Pharmacy in the Medical College of Ohio, etc. etc. Philadelphia: Lippincott, Grambo & Co., (successors to Gregg, Elliot & Co.) 1850. 8vo. pp. 738.

FROM the introduction to this elaborate volume, we learn that it "contains the substance of the author's lectures on *Materia Medica* and *Therapeutics*, as delivered in the Medical Department of Transylvania University in eleven successive winters." Of the ability of the author to furnish a work every way culculated to instruct and please the student and practitioner, we have unmistakeable evidence. Of the manner with which he has accomplished his task in the present instance, we will allow him to speak in his own, somewhat, self-confident manner. On this point he says "his uninterrupted researches into the various sources of information, aided by his own experience, have enabled him to embody a large amount of practical information, which he regards equally reliable with any other stock of knowledge to which practitioners have access. And if in any sense the present performance may claim to be superior to other books on the same topics, the difference will be found to consist chiefly in the fact that the author has given to his work a much more *practical* character, and has fitted it the better for the daily reference of those who are engaged in the practical duties of the profession. This remark refers not only to ordinary practice, but to the right management of the more common cases of poisoning."

The arrangement which Dr. Mitchell has adopted is the alphabetical, and he says that after an experience of eleven years in its use, he is compelled to affirm that it seems to him in any view of the case the best plan for the study of *Materia Medica* and *Therapeutics*. In this we candidly confess we cannot agree with him. There are objections to this arrangement, that relate to utility, and which it is difficult for us to pass over—it may, and doubtless does, answer very well for a "dispensatory," but for a treatise on *Therapeutics*, which should embrace much of the elements of practice, the plan, as before stated, is, to say the least, objectionable—if for no other reason than this, that it

breaks up too much upon the examination of the effects of analogous remedies, and their application in diseased conditions of the system. However objectionable the work may be in this respect, of this much we feel convinced, that Dr. Mitchell has furnished the profession at large with a work very well calculated to advance their knowledge in Therapeutics, and one which will, without doubt, find its way into the libraries of practical physicians in every section of our wide extended country.

ART. X. *Human Physiology*. By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine in Jefferson Medical College, Philadelphia ; Vice President of the Sydenham Society of London ; Secretary of the American Philosophical Society, etc. etc. etc. Seventh edition, thoroughly revised and extensively modified and enlarged, in two volumes, with nearly five hundred illustrations. Philadelphia : Lea & Blanchard. 1850. 8vo. pp. 962-736.

THIS is a new and improved edition of one of Dr. Dunglison's most popular medical works—an encyclopædia of physiology alike creditable to himself and our country. In the preface of this edition we learn that more than one hundred additional illustrations have been made in the revision it has passed through—the rapid advances made in the science of life within a few years past has rendered this desirable—for we conceive no method (except actual demonstration) better calculated to convey correct information on the difficult problems embraced in the science of physiology, than that of illustrations. It is hardly necessary for us to add, that this work still continues to deserve the high appreciation of merit which has heretofore been given to it.

ART. XI. *General Therapeutics and Materia Medica : adapted for a Medical Text-Book*. By ROBLEY DUNGLISON, M. D., Professor of Institutes of Medicine, etc. in Jefferson Medical College, Philadelphia ; formerly Professor of Materia Medica and Therapeutics in the Universities of Virginia and Maryland, and in Jefferson College, Philadelphia. Fourth edition, revised and improved, with one hundred and eighty-two illustrations. In two volumes. Philadelphia : Lea & Blanchard. 1850. 8vo. pp. 612-484.

THIS work, like the foregoing, it appears upon examination, has been subjected to a thorough revision. We see that all the remedial agents

of recent introduction have been incorporated into this edition—thus fulfilling the main object the author had in view in its preparation, viz., that of preparing “a work on General Therapeutics and Materia Medica, which might aid the medical student in acquiring the main results of modern observations and reflections, and at the same time be to the practitioner a trustworthy book of reference.” We bespeak for this edition from the profession an increase of patronage over any of its former ones—on account of its increased merits.

ART. XII. *Spectacles : Their Uses and Abuses in Short and Long Sightedness, and the Pathological Conditions resulting from their irrational employment.* By J. SICHEL, M.D., of the Faculties of Paris and Berlin ; Clinical Professor of the Diseases of the Eye, etc. etc. etc. Translated from the French, by permission of the Author, by HENRY W. WILLIAMS, M. D., Fellow of the Massachusetts Medical Society, etc. Boston : Phillips, Sampson & Co., 1850. 8vo. pp. 202.

THIS is a valuable addition to ophthalmic medicine, and fills a void which has long been felt to exist in ocular hygiene. It contains many new and important considerations, and to use the language of the author, “A description of several frequent and grave maladies, of which no one had previously spoken ; such as *Presbytic Amphyopia*, *Congenial Presbytic Amphyopia*, *Amphyopia produced by the use of too powerful glasses*, *Muscae Volitantes*, caused by the abuse of Spectacles, &c. These affections may be prevented, arrested in their development, or completely cured, by the use of properly selected spectacles.” The indiscriminate use of spectacles, and the diseased conditions produced thereby, are in this volume set forth in that clear and practical manner which has heretofore characterized the writings of Dr. Sichel. From the examination which we have given this volume, we feel convinced that its pages contain the results of mature observation of the greatest utility—results which alone can come from the cultivated intellect of one of the highest authorities in this department of medical science. The translator, Dr. Williams, has performed his task well, and the thanks of the profession at large are due to him and his publishers for the American dress in which it appears before us. We sincerely hope that the intention he has in view in respect to another volume of Dr. Sichel may be carried out.

ART. XIII. *Elementary Chemistry, Theoretical and Practical.* By GEORGE FOWNES, F. R. S., Professor of Practical Chemistry in University College, London. Edited, with additions, by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, etc. etc. Third American from a late London edition, with numerous wood engravings. Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 516.

FROM the advertisement of the third English edition of this valuable work, of which this is a reprint, we learn that "Professor Fownes' daily occupation until a few hours previous to his death, was the correction of it for the press. From Dr. Bence Jones, who "corrected the press throughout," we learn that "his wish and his endeavor, as seen in his manuscript, were to render it as perfect and as minutely accurate as possible. When he had finished the most important part of the Organic Chemistry, where the most additions were required, he told me 'he should do no more'—he had 'finished his work.'" That it is a finished work, no one can gainsay; indeed, the estimation in which it is held by student and practitioner is evidence sufficient of its practical utility. We regard this work as one of the very best for the student's use while attending lectures.

ART. XIV. *A Practical Handbook of Medical Chemistry.* By JOHN E. BOWMAN, Fellow of the Chemical Society; Demonstrator of Chemistry in King's College, London, and Author of "Practical Chemistry." Philadelphia: Lea & Blanchard. 1850. 12mo. pp. 288.

WE doubt whether a more useful, practical, and acceptable volume than this could be presented to the scientific practical physician. It appears that the author's endeavor has been "to supply a book that will be found useful not only to the Medical student, but also to the practitioner, to whom the value and importance of the applications of modern chemistry and microscopic analysis to his art, are becoming daily more apparent." On looking over the volume we find that it contains all that relates to an examination into healthy and diseased urine; calculi and concretions, with their characters, etc.; the character and composition of healthy and diseased blood, milk, mucus, pus, bone, etc.; and the detection of poisons in organic mixtures, etc. We observe that the various processes by which the quantitative and qualitative analyses of all these may be best effected, are herein contained

and so described as to be easily understood by all. The work contains numerous microscopic and other illustrations which tend in no small degree to materially increase its value.

ART. XV. *Mental Hygiene ; or an Examination of the Intellect and Passions. Designed to show how they affect, and are affected by the bodily functions, and their influence on Health and Longevity.* By WILLIAM SWEETSER, M. D., Professor of the Theory and Practice of Medicine, in Bowdoin, Castleton, and Geneva Medical Colleges, and Fellow of the American Academy of Arts and Sciences. Second edition, re-written and enlarged. New-York : Geo. P. Putnam. 1850. 12mo. pp. 390.

THIS volume is all that it is designed to be. The present edition, we perceive, has been entirely re-written, and there has been added to it a large amount of new and interesting matter. As the plan and purposes of this edition are the same as that of the previous one, we have only to add, that we consider this as one of Dr. Sweetser's best productions, one every way calculated to do honor to himself and the cause it is intended to subserve. We have read it with much profit and pleasure.

ART. XVI. *Observations on certain of the Diseases of Young Children.* By CHARLES D. MEIGS, M. D., Professor of Midwifery, and the Diseases of Women and Children, in the Jefferson Medical College, Philadelphia ; Member of the American Medical Association, etc., etc. Philadelphia : Lea & Blanchard. 1850. 8vo. pp. 215.

A *Treatise on the Diseases and Physical Education of Children.* By JOHN EBERLE, M. D., late Professor of the Theory and Practice of Medicine in Transylvania University, etc., etc., etc. Fourth Edition, with notes and large additions, by THOMAS D. MITCHELL, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine ; late Professor of Materia Medica and Therapeutics in Transylvania University, etc., etc., etc. Philadelphia : Lippincott, Grumbo & Co. (Successors to Gregg, Elliot & Co.,) 1850. 8vo. pp. 763.

THIS volume of Dr. Meigs is the substance of several preliminary lectures delivered to the class of the Jefferson College in October,

1849. It puts forth no claims as a systematic work, but contains an amount of valuable and useful matter, scarcely to be found in the same space in our home literature. The following is an enumeration of the chapters of this work. *Diagnosis, Caput Succedaneum, Inflamed Eyes, Coryza, Bowel Complaints, Jaundice, Dress, Cyanosis Neonati, Respiratory Disorders, Whooping-Cough, Laryngisms, and Scarlatina.*

The remarks of Dr. M. on each of these divisions are characterized with his usual fluency of style, pedantic technicalities, and eminently practical suggestions. It can but prove an acceptable offering to the profession at large.

The well known reputation of this work of the late Dr. Eberle renders it unnecessary for us to speak of its merits. To each of the chapters of the original work Dr. Mitchell has added notes. His main additions are in the form of "*Contributions to the History of Infantile Disease*" and stand appended to the volume. These contributions were much needed. In extent they comprise over two hundred pages. From a note appended to the table of contents, we learn that they have also been published in a separate form for the benefit of those who possess the third edition of Eberle. We commend these contributions to the profession as eminently practical and deserving of attention.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

PATHOLOGY AND PRACTICAL MEDICINE.

Extracts from the Proceedings of the Swedish Medical Association, and from their Original Treatises and Communications. Stockholm, 1847. Translated from *Die Zeitschrift, für die gesammte medicin.* Von F. W. OPPENHEIM. January No. 1850. By C. E. ISAACS, M. D., Demonstrator of Anatomy, in the College of Physicians and Surgeons, New-York.

UPON the manner in which this question shall be answered: Has a female ever borne a child? Dr. A. T. Wistrand remarks, that it is well known to be the general opinion that when a female has been delivered, for months, or for a yet longer period, it is very unsafe, or even impossible, to decide upon such delivery having taken place. More recently, some have been willing, after a longer period, to recognize such delivery as having occurred, judging from the form and appearance of the neck of the uterus. Heiberg has written a very interesting article upon this subject in his weekly journal, from which, as it is little known, Dr. Wistrand communicates the most important part of it. Heiberg shows that a great error has been committed in anatomical and obstetrical text-books, in defining the appearance and condition of the os uteri in those who have, and those who have not, borne children. It is this: that the os in those who have not borne, shows itself as a transverse slit, or with two smooth rounded lips, whilst in those who have borne, it exhibits a round opening. This is incorrect, according to Heiberg; for, on examination by the speculum, it is found, that the os, in those who have borne, appears as a transverse, or somewhat uneven, or angular opening, while in those who have not borne, it presents a roundish, more or less oval, and sometimes a constantly open, slight aperture, and that directly the contrary is found from what is specified in the books. Gibert, in the *Revue Médicale*, has also called attention to this point, and explora-

tions both with the finger and the speculum, have given this unexpected result. Heiberg has found, in his examinations of prostitutes at Christiana, this relation of the neck of the uterus, so constantly present, that he believes that it can be determined in most cases, (98 in 100) whether a female has borne children or not. The changes which the vaginal portion and the os uteri suffer by child bearing are so remarkable and lasting, and so striking also, that they cannot be mistaken, after months and years. The vaginal portion, according to Heiberg, is, as a rule, smaller in the virgin, but longer and firmer than in a female who has borne—it is conically diminished from above downwards, and exhibits no proper lips, or only slight appearances of such. The opening is either round, or oval, or shows a small transverse chink, or slit, of one, one and a half, two, and seldom three lines in length. The vaginal portion, in a female who has borne, is, according to Heiberg, generally, or as a rule, not only much thicker, shorter, and softer, than in the virgin, but presents besides, almost always, two very broad and large lips, between which, in most cases, a transverse chink or slit is found, oftentimes more than an inch long, which in different individuals may have different kinds of curves, and moreover may have in it small notches. Taken alone, this transverse chink is no sure sign of bearing, for in some individuals it is so small, that it agrees entirely with the os in the virgin. If, however, the whole vaginal portion is particularly examined, we shall find that it is with few exceptions not only larger and thicker than in the virgin, but also quite short and even, so that the vagina seems, as it were, to end in an even bottom, or shows also two very plain and free hanging lips. If now on examining a female, the vaginal portion is found evidently maternal, so, according to Heiberg, we may be convinced that she has borne, but at the same time we must not omit to notice the other physical signs. The observations of Heiberg, refer to mothers who have borne children; in those who have aborted, the signs are much more unsafe. Dr. Wistrand remarks, in conclusion, that his brother and himself instituted several examinations, and that they had found Heiberg's experience to be confirmed, and requested other physicians to make similar investigations by means of the speculum.

Dr. CARLSON exhibited a piece of the thigh bone of a young sailor, which was bitten off by a shark, whilst he was bathing in the harbor of Mozambique. It was so quickly bitten off that the bather was not drawn down in the water; an obliquely crossing ridge was seen on the stump; the jaw of the shark was also exhibited.

The high price of quinine induced M. Retzius to request M. Huss to use the chinoidin in intermittent fevers—M. Huss had only tried it in eight cases, and as he stated, the remedy surpassed his expectations. In all cases the fever was arrested by it, and it was found to prevent relapses as well, if not better, than the quinine. It has not the intense action of the last, is less troublesome, and can be used when the tongue is still unclean, or the fever not entirely ceased. In some it indeed occasioned vomiting and diarrhœa, but did not therefore fail of its contra-

febrile effect. In enlargement of the spleen it was full as efficacious as the quinine, but had this great advantage, that of being far cheaper. Huss thought it proper that the College of Health should instruct the druggists to keep the remedy always on hand. Several members of the society stated, that they had seen the same good effects from chinoidin. According to Bergelin, acetic acid is the best solvent of the chinoidin. M. Huss uses it in dissolving $\frac{3}{4}$ ss chinoidin in a drachm of concentrated acetic acid, and then adds 3iss of Tinct. Cinchon. Amar. or some similar adjuvant, and then gives 30 to 40 drops every two hours, and later the same dose, but not so often. M. Lemchen found it never occasioned giddiness, and other similar affections, like quinine. M. Berg gave it in the form of pills, but found it more efficacious, in the manner prescribed by Huss.

M. Huss reported two cases of nervous asthma, which he had treated with the chloride of platina. One case was that of a shoemaker, 31 years of age, who had had asthmatic attacks three months since, particularly at night; sometimes also in the daytime. There were no lesions of the lungs, heart or great vessels, and until the present time, the different antispasmodics and narcotics, counter-irritants, and moxa, between the shoulders, had been tried in vain. The chloride of platina was given one-fourth of a grain four times a day, and gradually increased to two grains. The effect was remarkable, which the remedy at the commencement had upon the patient, for after taking it, an attack of cramp in the breast began, which lasted several minutes; after some days this symptom disappeared, but returned on increasing the dose of the remedy. After three weeks' use the original attacks became milder, less frequent, and finally ceased entirely, and the man remained well a year and a half afterwards. The second case was in a stout peasant, 30 years of age, who had had the disease for twelve years, occasioned by his falling through the ice, into the water, where he remained a long time. At first the attacks were every two or three months, then became more frequent. The attacks were longer, in proportion to intervals between them. In the last few years he began to suffer from habitual shortness of breath, and often had palpitation of the heart. On examination it was found, that there was emphysema of the anterior portion of both lungs, and a considerable hypertrophy of the right side of the heart. On commencing the use of the chloride of platina, its action did not appear, as in the first case, but it occasioned sickness at the stomach, and disposition to vomit. After using the remedy for two months, the attacks began to diminish in strength, and became less frequent, and in three months ceased entirely. The patient staid three months longer in the Lazaretto without taking medicine—he had no more attacks, but suffered from the shortness of breath attendant on the emphysema. He returned home, and informed the author that his old troubles had returned, after an exposure to severe weather.

M. CEDERSCHJÖLD reported a case of a child which was delivered, in a difficult labor, and was found to have a remarkable obliquity of the head, which remained permanently. M. C. saw it

six weeks, and again at seven years after birth. The head was bent, upon the side, so that the left side was concave; and to the same extent the right side was convex. Upon the left side the highest part of the vertex was pressed outwards, the region of the ear pressed in, and the under jaw bone was shortened and somewhat crooked—on the contrary, upon the right side, the highest part of the vertex was flattened, the region of the ear very much pushed out, and the under jaw longer and more curved, or crooked. The whole of the left cheek was smaller and flatter than the right. The forehead was rather symmetrical, except that it was somewhat flattened over the left eyebrow. The mother of this child was a robust woman, who had suffered the most severe pains during the labor, for a whole day, but was delivered without the assistance of art. The deformity of the head had no injurious influence upon the intellectual development of the child.

M. HUSS related a case of Pyopneumothorax, which was brought in a hopeless condition to the Lazaretto, in March, 1845. In order to afford the patient some relief, he performed paracentesis on the 5th of April, and removed $2\frac{1}{2}$ lbs. of sero-purulent fluid. As the condition of the patient improved after it, the operation was afterwards twice performed, and with the timely use of strengthening remedies, with Ext. Conii., the patient gradually improved. The opening made by the operation became fistulous, matter constantly flowed from it, while adhesion of the pleura pulmonalis to that of the chest, gradually took place, so that the patient, in whom the fistula was still open, was enabled to leave the hospital on the first of August. In a similar previously occurring case, which also seemed to be hopeless, Huss gave opium to relieve the pain, and as this agreed well, it was continued, and the patient gradually recovered, without paracentesis. M. Lemchen, who also treated this case with him, visited the patient a year and a half afterwards, and found him perfectly well. M. Retzius showed a pathological preparation sent by Dr. Kühlstedt, at Fehln, viz., the heart of a young woman 26 years of age, in which an opening an inch long, was found in the septum. The arms of this female were misshapen, otherwise she was well-formed, had suffered in the last years of her life, from palpitations, and sometimes from pains, in the region of the heart.

Acute Rheumatism.—M. ANDRAL observed that, in the late discussion on the subject of acute rheumatism, one of the most important points brought under consideration was the state of the joints. M. Andral read the notes of a case in which he had recently had an opportunity of examining the morbid alterations that had been produced by this disease. The shoulders had been the seat of the affection, which was simple uncomplicated acute rheumatism. The patient, an aged woman, was debilitated by an attack of pneumonia when the rheumatism occurred: she had died in about eight days without an apparently sufficient cause. The interior of both scapulo-humeral articulations contained homogeneous pus, having all the characters of

that which is the result of phlegmonous inflammation. The surfaces presented innumerable minutely injected vessels, forming the closest network, except on the articular cartilages, where this injection was but slightly marked. The bursæ about the joints were also filled with pus. The parts external to the joints, as the muscles, ligaments, &c., were in their normal condition. The cavity of the right knee-joint contained a quantity of fluid somewhat doubtful in appearance; but all other articulations were carefully examined, and nothing abnormal found. (Academy of Medicine, Paris.)—*Med. Gaz.*

Conclusions from the presence of a rough valvular murmur in Heart Affections by Dr. BELLINGHAM.

1. The sawing, filing, grating and valvular murmurs are to be regarded as nothing more than bruit de soufflet exaggerated.
2. They are limited to the period of the first sound of the heart, and accompanying only the systole of the left ventricle.
3. They are heard only in cases of organic disease of the valves or orifices.
4. The diseased state in which they are most generally audible is narrowing of the aortic orifice.
5. In almost every instance hypertrophy, with dilation of the left ventricle, accompanies the valvular disease.
6. The sawing, filing, and grating valvular murmurs do not necessarily indicate either osseous, calcareous, or cartilaginous degeneration of the valves or orifices.—*Ibid.*

On the employment of Nitrate of Silver in Infantile Enteritis.—M. DUCLOS has found the nitrate of silver, administered in enemata, serviceable in acute or chronic colitis in very young infants, and its administration unattended with danger. It is equally beneficial in acute or chronic dysentery. Administered by the mouth and in enemata at the same time, it has exercised a favorable influence on the vomiting and diarrhœa of choleraic enteritis of infants. In short, M. Duclos states that he has obtained the best results from the exhibition of this medicine in acute inflammation of the mucous membrane throughout the whole length of the alimentary canal.—*Med. Gaz., from L'Union Médicale.*

New method of relieving Retention of Urine without the use of the Catheter. By M. J. J. CAZENAVE.—When called to a patient having retention, complete or incomplete, M. Cazenave in the first place directs the large intestines to be cleared out by an enema. When this has returned a second is administered, but consisting solely of a quart of cold water. Absolute rest on the bed is enjoined; while cloths dipped in cold water, or, better still, bladders of ice-cold water, or pounded ice, are applied to the anus, perineum, thighs, and hypogastrium. If the patient do not void his urine in the course of half an hour, or void it only very scantily, he is placed on the edge of the bed which is properly guarded, and a stream of cold water is poured on the region of the bladder during from twenty to twenty-five minutes.

After the lapse of this time another enema of cold water, and small smooth fragments of ice, are introduced into the rectum, the cold applications to the external parts being at the same time continued.—The cases in which this mode of treatment is found applicable are those in which the retention proceeds from acute inflammation or spasm.—*L'Union Médicale*.

On the employment of Nux Vomica in Impotency and Spermatorrhœa.—Dr. DUCLOS states that he has found the exhibition of doses of one-eighth to one-sixth of a grain of the alcoholic extract of nux vomica attended with beneficial results in cases of impotency resulting from long continence, and in those dependent on nervous excitability. In spermatorrhœa attended with general debility the nux vomica has produced an improvement of the constitutional condition, with cure of the spermatorrhœa. The dose above named is given three or four times a day, being gradually increased, even to the extent of two or three grains, without injury.—*L'Union Médicale*.

SURGERY AND SURGICAL PATHOLOGY.

On Wrist-Drop. By J. KIRBY, Esq.—This is a very common disease amongst intemperate persons, especially males, rarely seen amongst women. In the greater number of cases it occurs after an evening of excess. It is usually attributed to sleeping either with the head resting on the hand, the elbow being supported, or to lying on the hand during the sleep of intoxication. The hand becomes more or less powerless; patients say they cannot raise it; when desired to extend it, they show their inability by bringing the other hand to its assistance. It preserves its temperature, and much of its natural sensation, although the extending and flexing powers are lost. Moreover, the wrist-drop does not always so immediately follow either the excess or the position noticed; for I have known it not to have occurred for three days after a fit of drunkenness. As it is uncommon, except amongst the lowest class of society, I have seldom seen it unless among the poor who apply in the morning for gratuitous relief. They come in shame and much alarm, with bloated faces, turgid eyes, and a look of habitude; or with pale but turgid countenances. There is always a feverish full pulse, and a foul, greasy, glutinous tongue.

In one case it preceded an attack of delirium tremens; a conjunction in which I believe it is seldom seen. The patient slept badly, was disturbed by various imaginary sounds, and he thought every place into which he looked to be composed principally of air bubbles.

My treatment was at first general. Sleep for six hours followed a large dose of laudanum and camphor: when he awoke the delusions were gone. I then blistered the wrist without advantage. I next used stimulant friction over the ulnar nerve, and in a few days

free purgation and temperance existing, the power of the hand was restored.

Purgatives alone are supposed to cure this affection. A young athletic mason went to bed drunk the evening before he called on me. He slept all night with his left hand under the side of his head; he arose with wrist-drop, which was cured by these draughts:—

R Tinct. jal. ʒi.
Mag. carb. ʒi.
Scammon. ʒi.
Aquæ ʒi.
Syrup. aur. ʒi. M.

(Taken two days consecutively.)

Blisters will cure the disease without any other treatment, temperance being enjoined.

A temperate young man fell into excess; slept all night in his chair, leaning on his hand. He awoke with wrist-drop. In two days, having taken no medicine, and none being indicated, I applied a blister over the carpus. In two days he was well.

I have seen this affection confined to the two lesser fingers in a young man of eighteen. It took place at night, in the sleep of excess, and had continued a week, when he consulted me. Purgatives and blisters were of no service, but finally he got well by frictions with camphor liniment and croton oil.

I saw this disease of four months' continuance, and resulting from sleeping on the hand during intoxication. The man was perfectly sober ever since. He was cured by aperient pills and camphor liniment, with croton oil.—*Dub. Med. Press.*

Amputation of both Superior Maxillary Bones (Surgical Society of Paris).—M. Maisonneuve had performed this operation on a man, aged sixty-nine years, suffering under cancer of the bones. The same operation had been successfully performed on a young girl affected with necrosis from the vapor of phosphorus. M. Maisonneuve detailed the steps of the operation, and its result, in the first case. A vertical incision was made in the middle line, dividing the nose from its root, and terminating at the upper lip; a transverse incision was then made from the internal angle of the right to that of the left eye; two large quadrilateral flaps were thus left to be dissected down, following the edge of the eyelid to the external angle on both sides: when these were inverted the disease was fully exposed. A chain saw was passed through the speno-maxillary fissure; another was passed through the root of the nose, traversing the os unguis on both sides. In this manner the bones were detached laterally and superiorly. Posteriorly, the velum palati, which was healthy, was detached with a bistoury: then, by the help of Liston's forceps, the entire mass of the bones was detached. The result of the operation at first promised favorably, but in a few days the patient died.—*Med. Gaz.*

New mode of removing Wens—their Composition.—M. A. LEGRAND having several times witnessed fatal consequences following the removal of wens by incision, had been induced to practise the following operative proceeding:—The skin around the base of the tumor was divided by repeated linear applications of pure potash; by the continued employment of these, the line of eschar becomes deeper, until the tumor is detached. It is necessary in this way, as with the knife, to destroy the whole growth, or it will re-appear. M. Legrand had put this plan into execution thirty-two times, without erysipelas or any other ill result having followed.

M. Legrand added, that having examined two wens, one from the scalp the other from the forehead, he had found that the one consisted of an hypertrophied sebaceous follicle, and that the pathological basis of the other was a hair follicle. The contents of both were chiefly fatty matter, epithelium cells, and granules. In that removed from the forehead, crystals of cholesterine were found in abundance.—(Surgical Society, Paris.)—*Med. Gaz.*

Imperforation of the Rectum; Operation; Cure.—M. DENONVILLIERS presented an infant upon whom he had operated successfully. The child (a male) was taken to him three hours after its birth.—The genitals were divided into two distinct lobes by a vertical line; these lobes, which contained each a testicle, resembled enlarged labia. The glans, devoid of prepuce, was situated at the superior part of the fissure. The raphé was displaced to the left side. The situation of the anus was occupied by a depression presenting cutaneous folds converging to the centre, and which, when the child cried, showed the action of a sphincter. A minute orifice, whence exuded apparently sebaceous matter, existed a little to the right of the depression. There was no protrusion, as of meconium, beneath the depressed integuments. M. Denonvilliers made an incision through the situation of the anus, and with some difficulty found the rectum, which terminated a short distance above the seat of the depression, and was displaced towards the right. When cut into, no meconium at first escaped; but, by the use of an enema, a considerable quantity, in a hardened condition, was removed. The operation was completely successful in establishing the functions of the intestine and anus.—*Ibid.*

Dislocation of the Hip in a child eighteen months old.—The infrequency of dislocation of the hip at such an early age renders this case interesting. The little child was brought to the hospital on July 29th; its friends could not give an accurate account of the manner in which the accident happened, but they believed a slight fall was the cause. The head of the femur was resting on the dorsum ilii; there was great mobility of the limb, and it was reduced with the greatest ease.—*Ibid.*

DISEASES OF FEMALES.

Use and Abuse of the Speculum—a letter. By JAMES HENRY BENNET, M. D.—[In a late number we gave, in our Foreign Retrospect, a paper from Dr. Tyler Smith, on the alleged frequency of ulceration of the os and cervix uteri. The following is Dr. Bennet's reply to the same. The controversy, which has waxed warm in London, grew out of a paper, with the discussion thereon, read before the Royal Medico-Chirurgical Society, "On the Use of the Speculum in the Diagnosis and Treatment of Uterine Disease," by Dr. Robert Lee, on the 28th of May last.—*Ed. N. Y. Jour. Med.*]

At the debate which took place at the Medico-Chirurgical Society on Tuesday the 28th of May, on Dr. Robert Lee's paper, I was unwilling to occupy the time of the Society, and, consequently, merely replied to some of the more important doctrinal points raised by the essay and the subsequent discussion. I shall deem it a favor if you can find room for the few additional remarks which I now forward.

Had Dr. Lee shown that he was acquainted with the state of uterine pathology, as demonstrated by modern researches, and merely criticised the *abuse* of instrumental examinations, I should have agreed with him. Indeed, had he assisted me in laying down rules for the guidance of the profession in this very delicate and important question, he would have done good service to the cause of pathology; but by his sweeping condemnation of instrumental treatment, he injures the very cause he wishes to defend, confounding, as he does, those who conscientiously use it for the purpose of diagnosis and treatment, with those who may possibly abuse it now or hereafter. I myself am convinced that the profession generally err much more frequently, as yet, by the repudiation and neglect of instrumental means of exploration in the numerous cases of uterine disease, in which it is alone calculated to enable the practitioner satisfactorily to treat his patients, than by their injudicious use. At the same time, I am quite willing to admit that a caution from the leading members of the profession may be required, and be attended with good results. Dr. Locock's experience, as given at the Society, proves this fact, and I was grieved to hear him even go farther, and make so painful an assertion as the one to which he gave utterance. I have not myself met in consultation practice a single case in which the speculum has been used without a sound and sufficient reason on the part of the practitioner who had resorted to it, but I have met with two or three cases in which it had been used too frequently; every day, or every other day, for instance. No morbid conditions that occur in the uterus necessitate such a mode of treatment, and I therefore deem it decidedly wrong, and to be condemned. I feel disposed, however, to admit that some allowance may be made for practitioners in possession of a new mode of treatment, and anxious to ascertain how far they may be able to improve upon the mode of treatment pointed out to them; at the same time, any such deviation from the established

rules of practice ought to be susceptible of explanation, as it must otherwise afford grounds for the imputation of unworthy motives.

As I have stated in my work, no local application to an ulcerated surface need be repeated by the medical attendant oftener than every five, six, or seven days. I made an exception for the cases in which potassa fusa had been used, after which the nitrate of silver may sometimes be applied with benefit every four days. I also stated that solutions of nitrate of silver might be applied more frequently, but that I did not resort to them, owing to the great drawback arising from the necessity of using the speculum. I have since ascertained, to my complete satisfaction, that no increased benefit can be obtained by the frequent use of caustic solutions, and think that they ought to be discarded from practice.

In the *Lancet* of last week there are two communications by Dr. Marshall Hall and Dr. Tyler Smith, to which I feel bound briefly to advert. Dr. Tyler Smith really shows so little candor in the discussion of the subject of which he treats, and such a want of practical knowledge, that it is very difficult to argue with him. The 222 cases of ulceration of the cervix contained in the appendix to my work, certainly include a *very few cases* in which the granulations of the pus-secreting surface were so small as to deserve the appellation of excoriations, were it once understood that by excoriation is meant, not the result of an accidental physical lesion, its ordinary signification, but of chronic, morbid inflammatory action. These cases are designated in the tables as "slight ulcerations." In the immense majority of the instances recorded, the ulcerated surface was covered with more or less luxuriant granulations, and recognizable at a glance, requiring neither nitrate of silver nor "spectacles" to be seen, if once properly brought into view. I must, however, repeat that I object to the term abrasion or excoriation as applied to the former conditions, because the words merely imply a temporary lesion, the result of some physical cause, whereas in the cervix uteri they are nearly always the result of confirmed and chronic inflammation. I only recognize two main divisions of inflammation of the cervix— inflammation without ulceration, and inflammation with ulceration, be the ulceration rudimentary or severe. If slight ulcerations are to be separated from the severe ones, then let us call them ex-ulcerations, as the French do.

The attempt to make out that the ulcerations which I have described as so frequent in this region are merely granular conditions, similar to those of the palpebræ, is in direct contradiction to facts. I have no hesitation in saying, that these lesions are either *bona fide* ulcerations, or that all I have written on the subject is false, and only fit to be thrown into the fire. Indeed, the conviction forces itself more and more on my mind, that those who make this attempt have not seen the disease, or have only seen a few isolated, indistinct illustrations of it. What experience, I would ask, has Dr. Tyler Smith, who presumes to criticise and negative my writings, to oppose to mine? The profession generally is aware that, both in the Paris

hospitals and at home, I have examined, during the last fourteen years, many hundred patients, and the results of several hundred of these examinations have been published. Dr. Smith says that he rarely uses the speculum in private practice; and we have yet to learn what his facilities of observation have been in public. If a further proof of his want of experience of these diseases were required, it would be found in his last remarks on the defined edge of cervical ulceration. Because he finds a well-defined edge to an ulceration of the cervix, in a case of procidentia uteri, he thinks it must also exist in ulceration of a non-prolapsed cervix,—thus overlooking or ignoring the pathological law, by which a mucous membrane, protruded from its natural position, and continually exposed to the atmospheric air, gradually assumes the character of the skin, and likewise its morbid susceptibilities. Thus it is that an ulceration of the cervix having no defined edges whilst in the vagina, may yet acquire them on being protruded externally, and lose them again on being reduced. What am I also to think of the scientific candor of an antagonist, who, in order to “point an argument,” accuses me of using the pernitrate of mercury and potassa fusa in the treatment of abrasions and excoriations?—an atrocious absurdity, of which I am as guiltless by word as by deed.

I have read with amazement Dr. Marshall Hall's description of the “lamentable new form of hysteria.” (!) To reason with one who entertains such sentiments, and does not scruple thus to express them, would be in vain. The charge of want of respect for purity of feeling and decency may, however, fairly be retorted. It has always struck me, that those who see nothing but immorality and indecency in the conscientious efforts of their fellow-practitioners to relieve suffering humanity, howsoever attacked, show a frame of mind which those whom they attack need not envy. The *Lancet* contained a remarkable illustration of this observation a year or two ago, which many of my readers may recollect. That I am not singular in this view will be evident to all who peruse, in the debates of the Medico-Chirurgical Society, the remarks of Dr. Locock, the enlightened head of our department of medicine, and the “gentleman” alluded to by Dr. Marshall Hall.

In stating that the current of professional feeling is tending towards the more correct views of uterine pathology, which I have the good fortune to defend, I am stating what is strictly true. There is scarcely a town in England in which there are not, at present, some conscientious observers at work; and to their experience I could appeal, did I require any corroborative testimony. Indeed, it is partly to the “*excentric pressure*” which such a state of things produces, that may be attributed the present attempt to crush truth by sophistical arguments, and an appeal to prejudice.

The question that has been raised by Dr. Robert Lee's paper, as to the comparative frequency of the lesions demanding instrumental means of diagnosis and treatment in uterine diseases, can only be answered by experience and facts. The experience of those who

have raised the objection, however, cannot be accepted, their prejudices and preconceived ideas having hitherto all but completely closed the field of observation to them. Thus we find Dr. Lee himself entirely repudiating the use of Dr. Simpson's valuable uterine sound, although without its use a large class of important cervical lesions, the ulcerations limited to the cervical cavity, must pass unrecognized, even if a specular examination be made.

Under such circumstances, there is only one course open to those who, under the influence of blind prejudice, deny the facts which I and others have brought forward, and that course is, to meet us at the bedside of the patient. I again, therefore, publicly challenge Dr. Lee, or any hospital or dispensary physician, to examine with me, before a competent and impartial committee, fifty or a hundred new cases of uterine disease. I am not in the remotest degree afraid of the ordeal, and can safely assert that I will cheerfully abide by the result. I have never shown any fear of seeing my assertions and opinions tested by facts, and feel none now. *Magna est veritas, et prævalebit.*—*Dub. Med. Press.*

Mucous Membrane expelled from the Uterus during Menstruation.

—M. LEBERT described a membranous sac, of the shape and size of the cavity of the uterus, expelled during a paroxysm of painful menstruation. This substance measured four centimetres (=1.74 Eng. inch) in length, and from two and a half to one centimetre (=.983 —.393 English inch) in breadth, and about one centimetre (=.393 Eng. inch) in thickness. It presented three apertures corresponding with the os uteri and orifices of the tubes. Internally, its surface was lined with pavement epithelium, the cells of which were from an eightieth to a ninetieth of a millimetre in diameter, enclosing an ovoid nucleus, and these again containing nucleoli.

M. Lebert considered that this pathological specimen lent confirmation to the opinion of those physiologists who consider that menstruation is normally attended with the formation and expulsion of a false membrane, analogous to the decidua of pregnancy.—(Biological Society, Paris.)—*Med. Gaz.*

Removal of an immense Cellular Tumor from the Labium.—Mr. E. A. LLOYD, of St. Bartholomew's Hospital, narrates the following case in the *Med. Times* of July 13, p. 29.

Sarah Holland, aged 28, (the offspring of an European father and dark mother), was admitted into St. Bartholomews on the 24th January, 1850. She stated, that the tumor commenced fourteen years ago as a small, hard white swelling in the right groin, very near the labium externum. It slowly increased for nine years; after that time, it grew much more rapidly, till at last she resolved to come to England to have it removed. During the voyage she suffered very much from sea-sickness; and by her arrival, the tumor had considerably diminished in size. On admission, she had a pendulous tumor of a pyriform shape, the neck of which extended from the right labium externum to the anterior superior spine of the ilium on the same side,

the bulk of the tumor hanging down in front of the thigh. It was about a foot in length, and measured twenty-two inches in circumference at the largest part. It did not impede any function, and the organs of generation were perfectly healthy. The skin which formed the surface of the swelling was of the natural color, but the sebaceous follicles were greatly enlarged. There was no impulse on coughing, nor any symptom to induce the belief that there was any communication between the tumor and the abdominal cavity. She had never suffered pain in the tumor; but, on account of its weight, was obliged to keep it suspended. The tumor was removed on the 22d Feb. After the administration of chloroform, several double ligatures were passed through the neck of the tumor, about one inch distant from each other; then two strong gutta percha bougies were fastened tightly (one on each side of the neck), by means of these ligatures, after the manner of a quilled suture. The tumor was then removed by cutting through the neck just below the ligatures, and not more than an ounce of blood was lost. In the middle of the wound was found a lymphatic gland, which was removed. A piece of wet lint having been applied to the wound, the patient was taken to bed. There were several attacks of hæmorrhage and erysipelas, which continued for a month, retarding the healing process. The wound, however, is now closed, and the patient is in good health.

Mr. Lloyd applied the quilled suture to the neck of the tumor, to strangle it, and prevent any great loss of blood during the operation. He agrees with others, in considering these tumors to depend upon hypertrophy of the skin and cellular tissue, the interstices of the latter being filled with serum.—*London Jour. Med.*

MISCELLANEA.

Adulteration of Coffee detected by the Microscope.—At a recent meeting of the Botanical Society of London, a paper was read by Dr. Hassall "On the adulteration of Coffee." By the employment of the microscope the author had ascertained that the substances most frequently used in the adulteration of coffee are chicory, roasted wheat, coloring matter, and occasionally beans and potato-flour.—The structure of the coffee-berry and of the several products just named, was then minutely described, and it was shown that the chicory might at all times be distinguished with the greatest ease by the size and ready separation of the cells, as well as by the presence of bundles of vessels of the dotted or spiral kind. The substance so generally employed to deepen the color of coffee Dr. Hassall found to consist, in those instances in which he had examined it, of burnt sugar; and he referred to the fact that the rich brown hue of coffee is not peculiar to a decoction of that berry, but that almost all vegetable substances, when charred, yield a somewhat similar color.—The author then proceeded to detail, in a tabular form, the results of 34 examinations of coffee of all prices. From these it appeared that the whole of the coffees, with two exceptions, were adulterated; that

chicory was present in 31 instances, roasted wheat in 12, coloring matter in 22, beans and potato-flour in one only; that in 10 cases the adulteration consisted of but a single article, in 12 of two, and in 10 of three substances; that in many instances the quantity of coffee present was very small, and in others not more than a fifth, fourth, third, half, and so on. Contrasting chicory and coffee, it was observed, that while the coffee-berry contains a quantity of essential oil, visible in small drops in the cells, and upon which the fragrance and the active properties mainly depend, not a trace of any similar oil is to be found in the chicory-root. It was advised that the coffee should be ground fine, in order to facilitate the liberation of the essential oil contained in the cells of the berry, and that an infusion, and not a decoction of it should be made.—*Med. Gaz.*

Accident from Chloroform.—M. DELARUE stated, that having occasion to make extensive incisions in the thigh of a woman, in order to lay open some fistulous tracts, he had previously administered five grammes (=75 grains) of chloroform on a sponge, during five minutes. When about to operate he noticed the patient's head fall towards her right shoulder, her body incline forwards, and a sanguinolent froth issue from her mouth, respiration and pulse being scarcely detectible. By repeated slaps on the chest, cold water applied to the head, sinapisms to the feet, and irritation of the fauces, movements of the eyelids were produced, followed by free vomiting. After complete restoration, a haggard look of the eye and extreme loquacity continued for about a quarter of an hour.—*Ibid.*

On Hæmatozoa.—M. FILLON stated that he had detected *filaria* in the blood of nine individuals of the *corvus frugilegus*. They presented the aspect of minute elongated filaments slightly flattened at their extremities, one of which was more rounded than the other; but an anterior and posterior extremity could not be distinguished. Their transparent bodies exhibited no trace of internal organization. These *filaria* were found in the heart and large vessels.

M. Fillon regarded them as the young of the *strongylus* met with in the stomach, liver, and lungs.—*Ibid.*

M. Stromeyer.—This eminent Prussian surgeon was wounded in the battle of Idstedt, taken prisoner by the Danes, and conveyed to Copenhagen. He was immediately set at liberty by the Danish Government.—*Ibid.*

Complete absence of the Prostate Gland with Tubercles in the Urethra.—At a meeting of the Academy of Medicine of Paris, M. Ricord presented a curious pathological specimen, taken from a man, who, some years before, was operated on for tuberculous disease of the testicle, and afterwards died in the hospital. The mucous membrane of the urethra was studded with miliary tubercles, the prostate gland was replaced by a cavern.—*Revue Médicale*, 15th April, 1850.

PART FOURTH.

COMMUNICATIONS

AND

AMERICAN MEDICAL RETROSPECT.

COMMUNICATIONS.

Case of Immobility of the Lower Jaw, cured by Division of the Masseter muscles. By JAMES R. WOOD, M. D. ; one of the surgeons to Bellevue Hospital.

[The following interesting case, to which allusions is made in the preface of the third volume of the American edition of Velpeau operative surgery, we have the pleasure of presenting our readers. By reference, it will be seen that the result was somewhat different from that stated in the work just alluded to.—Ed. *N. Y. Jour. Med.*]

In the latter part of Feb., 1840, I was consulted at my office, by Miss A., æt. 20, who informed me that when about eight years old she suffered an attack of fever, during the treatment of which, she took large quantities of Calomel and was profusely salivated. Extensive sloughing of both cheeks occurred within the month, and after recovery she was unable to separate the jaws. Upon examination, I found the lower jaw firmly applied to the upper, admitting only of slight lateral motion. On the inside of the cheeks firm bands, almost cartilaginous, extended in a vertical direction from the junction of the mucous membrane, where it is reflected from the upper jaw to the

cheek, to that point where it is reflected from the cheek to the lower jaw, and from the last molar tooth to within half an inch of the commissure of the lips. From the irregularity of the teeth and the projection of the lower jaw a little beyond the upper, she had been able to take her food, and this state of things also admitted the introduction of the screw lever. After repeated efforts, and the use of as much force as I could apply, by means of the instrument, no other than the lateral motion was perceptible. The masseter was full and very rigid on the right side, as were the anterior fibres on the left.—I informed her that I could not remedy the difficulty without a very painful operation, the nature of which was fully explained. She left, stating that she would consult her friends, and if they deemed it advisable she would consent to the operation. On the 10th of March following, I commenced the operation by introducing the screw lever between the teeth, which was placed in the hand of an assistant.—With a straight French bistuary, I first divided the bands on the right side then those on the left—my assistant, at the same time, using as much force with the lever as I deemed warrantable. After thus dividing the bands, I was able to introduce the end of my finger flatwise between the teeth, and discovered that the principal resistance now offered was by the masseter muscle of the right side. I believed that by its division I should obtain the desired effect, viz: opening the jaws. I therefore proceeded to divide it sub-cutaneously, by introducing a sharp pointed French bistoury over its anterior border, below Steno's duct, and extending it posteriorly between the integument of the cheek and the muscle, until I could feel its point at the angle of the jaw, the knife being introduced flatwise, with its cutting edge toward the base of the jaw. Then, by turning the cutting edge toward the muscle, it was divided by cutting toward the bone; the anterior portion dividing under the knife like cartilage. Again I employed the screw lever, and found that I had gained much by this step of the operation. On examining the masseter of the left side, I was satisfied that by dividing its anterior fibres, I could set the jaw free, which I proceeded to do, and found that I could then introduce three fingers between the teeth. The pain and suffering of the patient during the whole operation, were great, and particularly so during the manipulations with the screw. The bleeding was slight, and the inflammation which followed the operation very inconsiderable.

On the 5th day after the operation, the jaws had become considerably closed, and I was able to get but one finger between them. I again had recourse to the screw lever, and continued to apply it oc-

casionally for the next two months, when I discharged her, being able to get two fingers between the teeth. I saw her about a year after in the same condition as she was when she left my care. The muscle of the right side, terminating abruptly, formed an irregular ridge about an inch above the base of the jaw.

Case of Obstruction in Head Presentation from Posterior Displacement. By JOHN L. VANDERVOORT, M. D., Librarian to the New-York Hospital.—In the foreign summary in the July number of the American Journal of Medical Science, is recorded a case, related by Prof. Simpson to the Edinburgh Obstetrical Society, of a new form of obstruction in head presentations from posterior displacement of the arm. Having recently met with a case which, in many respects, resembled that described by Prof. S., and which I suspect to be of very *rare* occurrence, I will briefly relate it for the benefit of those who may be engaged in obstetric practice.

Mrs. S., the mother of two living children, was taken in labor on the morning of June 26th, but as the pains continued slight, she remained at the wash-tub until two o'clock, P. M., when I was summoned to attend her. At that time the labor had apparently but just commenced: the pains were far apart, and on examination the presentation could not be distinguished. After an absence of an hour and a half I again visited her, and was informed that something *singular* had passed from her. An examination was made, and a strongly pulsating prolapsed cord was discovered between the thighs. On passing the finger high up the vagina, a globular body was felt within the partially dilated os uteri; by the side of it was detected a sharp projection, which for a time was suspected to be the knee. In this state of doubt I patiently waited for the preter-dilatation of the os, which took place in about an hour, when, on again introducing the finger, I ascertained that besides the prolapsed cord, the head was presenting with the left elbow in close conjunction, the fore-arm being thrown backwards and the head forwards.

A successful effort was made to bring down the fore-arm, so as to convert the case into one of head and arm presentation, and by the administration of a small dose of ergot, to give additional force to the uterine contractions, and thus, if possible, hasten the delivery of the fœtus. The uterus speedily responded to the stimulus of the ergot, and as the cord continued to pulsate for some time, it was hoped that a safe delivery would take place. In this I was disappointed, and

after waiting for about two hours, and finding that the pulsations of the cord had ceased, a consultation was had with Dr. Roberts. It being decided that delivery in the present condition of things was impracticable, Dr. R. proceeded to turn the child. No difficulty was encountered in the operation, but a pretty copious hæmorrhage attended it. The placenta was thrown off by the contraction of the uterus and the hæmorrhage now ceased. The patient complained of feeling very weak, but syncope did not take place. A compress and bandage were applied, cold wine and water given, and absolute quiet enjoined. The pulse, which had become very feeble, rose a little in the course of half an hour. The patient did not vomit, nor did she look remarkably pallid, and, though much prostrated, doubts were not entertained of her recovery. After an absence of an hour she was again visited, but the vital spark had fled; the shock to her system had been too great, and being seized with a convulsive struggle she expired.

The practice pursued in this case was the same as that advised by Prof. S., viz., to bring the hand downward and forward, so as to convert the case into one of head and arm presentation. If delivery could not be thus effected, the pedalic version would be required.

PATHOLOGY AND PRACTICAL MEDICINE.

Fatty Degeneration, Ulceration and Rupture of the Heart. *Post-mortem examination of the* REV. JOHN NEWLAND MAFFIT, by Drs. NOTT and GAINES.—Monday, May 27th, 1850, between the hours of 7 and 8 o'clock in the evening, I was called to see the Rev. John Newland Maffit; found him in great pain, which he referred to the inferior sternal region. Suspecting immediately an affection of the heart, I questioned him if he had ever had any pain in his heart before, he answered that he had had on several previous occasions some slight pain in his left side, with slight palpitation, but not of much moment. Auscultation detected no abnormal sounds, no palpitation, but the heart beat regular and slow.

He belched up great quantities of wind, but there was no distention of the epigastrium, or tenderness. He vomited occasionally undigested food, but said he had no nausea. He was perfectly cold all over, and bathed in a cold sweat. I administered anodynes and carminatives, applied a warm poultice with mustard to the seat of pain, endeavored to bring about reaction, by warmth, to the extremities, but nothing gave relief: he still complained of the pain, and would beat his breast with his clenched hands. At 10 o'clock, I gave him a large dose of calomel and morphine, also gave several enemata, under which, in the course of two hours, he *seemed* to react and get warm, and he

remarked, "Doctor, I feel better now every where else, but that pain still remains—it is a persistent and abiding pain that seems to press through me against my spine." All this time his pulse was *regular, full, strong*, but rather *slow*; his strength was good, for he got out of bed several times without help. At one o'clock I repeated the calomel and morphine; at two o'clock, he said "the pain has left my breast and gone to my heart and left arm—do you think that is a good sign?" I asked him if in changing, it still retained its severity, and he answered me "yes;" I applied my hand over the heart, but there was no palpitation. He also said, "Doctor, I think I am getting weaker, feel my pulse." I felt it, and though it beat regularly, it seemed slower and weaker. I left the room for about fifteen minutes, when I was suddenly called in to see him die; his heart had already stopped beating, but he breathed two or three times after I got to the bed-side. The diagnosis throughout, was difficult and obscure.

Post mortem. Stature short, stout, muscular, inclined to be fat, chest remarkably large and well developed. Neither head nor abdomen examined. *Lungs* perfectly sound throughout, free from adhesions or any sign of disease, acute or chronic. *Pericardium*, fully distended with fluid, and when opened was found to contain blood and serum. This being carefully removed by a sponge, I introduced my hand into the sac beneath the heart, and on grasping this organ, the contained blood was seen to spirt from a small perforation in the anterior wall of the left ventricle, disclosing at once the immediate cause of death. The heart was then removed from the body for farther inspection.

General appearance of Heart.—Large, pale, flabby, and coated with fat over the greater part of its surface; the auricles, aorta, pulmonary artery and veins completely imbedded in fat.

Right Ventricle.—Somewhat dilated, whole exterior surface coated with fat, muscular substance flaccid and thinner than usual, diminishing towards the apex, near which muscular fibres were entirely wanting, except a few scattered ones on the external surface; the blood here seemed to be retained in the cavity simply by the fat, together with the investing membranes; the posterior surface of the cavity was free from fat; the coating of fat at different points, was from three to five or six lines in thickness.

Left Ventricle.—This fatty covering extended from the right over to the left ventricle for about an inch in width the whole length of the septum, and the apex also for about an inch or more was fat. On the anterior, middle portion of this ventricle, commencing at the margin of the fat, was an irregular, bruised looking patch, about the size of a dollar, and on the outer edge of this, was the fatal rupture. When cut into, this bruised-looking part presented a dark, bruised, bloody appearance, not unlike recently hepatized lung, the fibrous, muscular appearance being destroyed. The corresponding internal surface showed evident marks of ulceration, a portion of the substance being excavated and covered in part with a thin cyst; the surface around the patch, on the inside, was red, inflamed, with de-

position and coagulable lymph. It is worthy of remark, that this spot of the heart, which seemed to be the most diseased, and in which the rupture took place, was more free from fat than any other; it joined the fat portion *abruptly* in half its circumference. This ventricle, I think, was a little dilated. There was nothing peculiar in the auricles except being buried in fat, and the mitral, tricuspid, and semi-lunar valves were all perfectly healthy.—*N. O. Med. Jour.*

Causes of Urinary Calculi. By E. H. DAVIS, M. D.—At the annual meeting of the Ohio State Medical Society, held in June last, we learn from the *Western Lancet*, that Dr. Davis, of Chillicothe (now of this city, and professor of Materia Medica and Pharmacy in the New-York Medical College), made a report on the causes of Urinary Calculi. He said that he had analyzed the waters of different regions to find the influence the composition had on the formation of stone, but his investigations were not yet matured on that subject. The principal impurities in the water in Ohio, are carbonate of lime and magnesia. He exhibited a map dividing the State into three Geological Regions, viz:—the “Blue Limestone,” “Cliff Limestone,” and the “Coal Regions.” He had sent a circular into each county of the State, inquiring of the physicians the number of cases of stone that had occurred in each during the last ten years; but he had not received answers to more than about thirty of them, and some of those were imperfect; yet they were sufficient to show the ratio in the lime and coal districts to be as three to one, being the greatest in the lime region. He said that it appears from statistics of other countries, that there was no place in the world where stone was so frequent in proportion to the population as in Ohio and Kentucky.

New Antidote for Bromine. By C. W. WRIGHT, M. D., of Cincinnati.—In the selection of an antidote, the first question is, or ought to be, With what substance will the poison unite in such a manner as to produce an insoluble or an inert compound? Now the bromides of lead and silver are the precipitates which are formed when bromine or a soluble bromide is added to a soluble salt, containing either of these elements. If bromine be brought in contact with acetate of lead, in solution, it will be perfectly neutralized and rendered harmless, the bromide of lead being precipitated, which is comparatively insoluble and inactive.

There is a property of bromine which should be taken into account, more especially should that substance be swallowed, and that is, the disposition it has of gathering itself up into globules in any fluid in which it is not perfectly soluble. The best solvent for bromine is ether. Should it be taken into the stomach, and a solution of acetate of lead given, it might fail to neutralize the poison, and for this reason, the solution acting only at the circumference of the globules of bromine, might remain for hours without neutralizing it.—This may be obviated, and the bromine instantly neutralized, by

allowing the patient to swallow an aqueous solution of ether, which can be prepared, as recommended by the United States Dispensary, by rubbing it up with spermaceti, in the proportion of two grains for each fluid drachm of the ether. In the absence of ether, brandy, gin, or whisky may be substituted, bromine being much more soluble in these fluids than in water, on account of the alcohol which they contain.

Bromine may be neutralized by substitution for cyanogen, in the cyanides; the cyanides of lead and silver, for example, these being rendered soluble by ammonia or cyanide of potassium. But as most of the cyanides are poisonous, they cannot be taken into the stomach with safety. Should the bromine be locally applied, however, they can be used with great benefit.

With any of the above mentioned antidotes in reach, the hand can be plunged into a vessel of bromine with impunity, and the danger of opening a new bottle of bromine is no longer to be apprehended, when the proper antidote is to be had.

When acetate of lead and iodide of potassium are brought together, in solution, double decomposition ensues, acetate of potash and iodide of lead being formed, neither of which produces injury when introduced into the stomach in moderate quantity. I therefore conclude that this substance is one of the best antidotes that could be used, where an over dose of iodide of potassium had been given. — *Western Lancet*.

SURGERY AND SURGICAL PATHOLOGY.

Amputations in reference to Artificial Limbs. By E. D. HUDSON, M. D., [The following judicious observations we find contained in a circular recently issued by the proprietors of Palmer's Artificial Leg, an advertisement of which has appeared in the advertising sheet of this journal for some time past.—*Ed. N. Jour. Med.*]

First : In every instance where an artificial limb is used, the *bone* must serve as the lever, with which it is moved; and, consequently, the greater the length of the lever, the less will be the muscular power required to move the limb; and at the same time the greater will be the ease, natural gracefulness, and usefulness, with which an artificial limb may be used. Hence, in all amputations of the leg or thigh, *the more bone that is preserved, and the longer stump that is made*, the greater will be the benefit secured to the sufferer; *provided always*, a stump made at the thigh, from ten to eleven inches, measuring from the pubis, and one of the leg from nine to ten inches, measuring from the lower part of the patella, afford the most convenient dimensions and power, for the adjustment and use of an artificial leg.

Second : The knee-joint should always be saved, when it can be in safety, and with benefit to the patient; and the natural action of the flexor and extensor muscles of the leg should be preserved in

their freedom.* Often has it been the case, apparently, that too great a degree of recklessness has characterized the practice of surgeons, as it respects the saving of an important portion of a limb, for the well-being of the sufferer. It is to be feared that too many operators have, after the manner of Mr. Benjamin Bell, when amputation could not safely be performed near the ankle-joint, or below the calf of the leg, amputated above the knee-joint; thereby unnecessarily and unconsciously doing their patients an incalculable injury. If the commission of homicide in defence of limb, as well as life, is justifiable in the eye of public opinion; then how great an importance should the surgeon attach to *every portion of limb* intrusted to his care, that can be of any service to his patient.

Third : When amputation of the leg is deemed necessary, and the case will not allow of the operation being performed so as to leave a stump five inches long; and when the knee is ankylosed and the leg flexed at a right angle with the thigh; in both cases, it will be for the benefit of the patient to operate about three inches from the patella, so as to leave a short stump; to which he may have an artificial limb applied very advantageously, with an artificial knee-joint; and without elongating the thigh.

Fourth : Amputation should never be performed at the ankle, or knee-joint, for the benefit of the patient. When the knee-joint is ankylosed and in an extended position; and when the tarsus is diseased or injured; in both cases, when amputation is deemed indispensable, it will be always advisable to amputate above the joints from four to five inches, and give the patient the advantage of an artificial knee, or an ankle-joint.

Fifth : The comfort and usefulness of one who has suffered amputation, and is relying on an artificial limb, will depend much upon the *manner* of the operation. A good conical-shaped stump, with a solid and well adjusted covering over the end, is always desirable. Too often in the flap operations, the covering is either made too large, so that when the wound is healed, a loose, pendulous mass hangs from the posterior portion of the stump; or it is made so small as not to cover sufficiently the end of the bone, to prevent its protrusion; in either case, causing great inconvenience to the patient, in attempting to wear an artificial limb.

The objection which has been raised against the circular operation, to wit, "that it produces a *conical* shaped stump, unfavorable to the adjustment and use of an artificial limb," so far as it is founded on fact, is the very strongest argument in favor of that manner of operation. A conical-shaped stump, whether long or short, with a solid, well-adjusted flap, covering the end, is always highly favorable for the application and use of an artificial limb.

DISEASES OF FEMALES.

Mammary Inflammation and its successful treatment by Collodion.
By Prof. JOHN EVANS.—Mammary inflammation, whether it occurs

during lactation or at any other time, is exceedingly prone to result in suppuration. This is owing to the great vascularity of the organ, and its loose and flaccid texture, which allows the determination of blood to it speedily to result in effusion of lymph, which, in the absence of the pressure made by denser structures, is not absorbed, but results in the secretion of pus.—Thus when the breast becomes indurated under the treatment heretofore practised by the profession, of poulticing, applying liniments, tobacco leaves, &c., without constitutional treatment, it almost uniformly forms an abscess.

Disheartened by the general want of success in preventing suppuration by the ordinary means of treatment, and satisfied that the most prominent indication of cure was to overcome the freedom with which the blood is forced into the mamma, and, by compression, cause the absorption of the lymph, as is done by the roller applied on the extremities, in various forms of inflammation, I determined to use a complete coating of the collodion to obtain the benefit of its contraction; the result of which will be more fully illustrated by relating the following cases in which it has been used.

CASE I.—Dec. 18th, 1849; called to see Mrs. J., suffering from mammary inflammation during lactation. Found she had bathed with liniments, applied poultices, and kept the milk well drawn from the breasts, but without apparent benefit. I could detect decided fluctuation at the point of greatest suffering. I ordered a coat of the liquid adhesive plaster, which gave very prompt relief, and the inflammation speedily subsided. A few days after I opened the abscess, which pointed, but it discharged a very small quantity and rapidly recovered.

CASE II.—Mrs. S. was confined June 5, 1850, with her third child. On the 7th, she was attacked with a chill, followed by high fever and active inflammation of both mammæ. She had suffered, after each of her previous confinements, with extensive abscess of the left breast. The secretion of milk was very profuse, and notwithstanding strenuous efforts to keep the milk drawn off by the assistance of a little girl, who drew it very freely, the left mamma became extensively indurated, and was acutely sensitive and painful at the point of the former abscesses.

I applied the collodion so as to cover the indurations completely, with the effect of promptly relieving the suffering of the patient; and by repeating the coating morning and night for a few days the indurations were removed. The only additional treatment used was Seidlitz Powders given to produce a laxative effect.

CASE III.—Mrs. McC., eight days after confinement, was attacked with mammary inflammation attended with chill and high febrile excitement, on the 8th of June, 1850.

Gave Mass Hyd. grs. xij. with Pulv. Doveri grs. viij. in the evening.

June 9th. This morning the breast is very painful and extremely tender to the touch, great thirst, dry mouth, frequent but compressible pulse, and a troublesome cough. The bowels had not been moved.

Ordered Sul. Mag, ζ ss. and an application of the collodion to the breast, and free abstraction of milk.

June 10th. Much better; says the application of collodion to the inflamed breast gave immediate relief to the pain, and the soreness has rapidly diminished. Ordered the application to be repeated.

The recovery was rapid without suppuration.

CASE IV.—Mrs. P., three weeks after confinement, was attacked with inflammation of the mamma on the 24th of June, 1840. She had been previously under treatment for uterine phlebitis, from which she was recovering.

The breast was swollen, indurated, and very painful. The collodion was applied so as to cover the induration and swelling, with almost instant relief to the pain. By repeating the application the swelling subsided gradually, without suppuration.

CASE V.—July 15th, 1850. Mrs. M. had an attack of inflammation of the right mamma, about ten days after confinement. I was called the next day and found it swollen, indurated, and painful, notwithstanding the milk had been kept freely drawn, and the breast well fomented. A coating of collodion, as in the preceding cases, promptly gave relief to the pain, and gradually removed the swelling.

In no case where I have used the collodion, except the first one reported, has the slightest suppuration taken place.

In every instance the relief from suffering has been prompt, and no inconvenience has resulted from its use in any case, except the slight smarting that attends its application.—*North-Western Med. & Sur. Jour.*

MISCELLANEA.

Prize offered by the American Medical Association.—The following resolution, appended to the Report of the *Committee on Medical Literature*, was adopted by the Association at the meeting at Cincinnati in May last:

Resolved, That the sum of ONE HUNDRED DOLLARS, raised by voluntary contribution, be offered by this Association for the best *experimental* essay on a subject connected either with PHYSIOLOGY, or MEDICAL CHEMISTRY, and that a committee of seven be appointed to carry out the objects of this resolution: said committee to receive the competing memoirs until the first day of March, 1851; the authors' names to be concealed from the committee; and the name of the successful competitor alone to be announced after the publication of the decision.

Dr. FRANCIS G. SMITH, Philadelphia, Chairman.

Dr. ALFRED STILLE, Philadelphia, Dr. JAS. MOULTRIE, Charleston, S.C.

“ FRANKLIN BACHE, “ “ ROBERT BRIDGES, Philadelphia.

“ L. P. YANDELL, Louisville, Ky. “ WASHINGTON L. ATLEE, Phila.

In accordance with the above resolution, the Chairman gives notice that the sum of *one hundred dollars* is secured and will be paid

over to the successful competitor ; or, if referred, a gold medal, of equal value, bearing a suitable inscription.

The competing memoirs must be transmitted to the Chairman, free of expense, and should be designated by some appropriate motto ; the author's name accompanying it in a sealed packet, designated in like manner. The successful essay will become the property of the Association ; and in case no paper of sufficient merit is offered, the time will be extended for another year.

After the decision of the committee, the sealed packet containing the author's name will be opened in the presence of the *Association*.

Medical Journals throughout the country are requested to give publicity to the above notice, and to aid in furthering the wishes of the Association in this respect.

FRANCIS G. SMITH, M. D., Philadelphia, *Chairman*.

American Journal of Insanity.—This valuable and interesting Journal, since the death of Dr. Brigham, has passed under the editorial management of Professor T. R. BECK, of Albany. We welcome with heartfelt satisfaction his presence among the editorial fraternity of our country, and ardently hope that his labors on this journal may be rewarded in an increasing degree with the support and encouragement of medical men in charge of the asylums throughout the United States. We have looked upon this journal as eminently calculated to subserve the interests of the cause of insanity in this country.

The Western Medico-Chirurgical Journal.—We have received the first two numbers of this monthly, published at Keokuk, Iowa, and edited by Professors Sanford and Amor, of the Iowa State University. Each number contains thirty-two octavo pages, filled with a variety of useful and practical matter. We welcome it to our list of exchanges, and wish for it, on account of its merits, a successful and long career.

Medical Department of New-York University.—Very soon after the publication of our last number, the two vacancies that existed in this school, were filled by the appointment of Professors Bartlett and Gross of Louisville. The former to the chair of Institutes and Practice of Medicine, and the latter to that of Surgery. The well-known professional character and standing of these gentlemen, cannot fail to make these appointments all that the friends of the School could have desired. To the School, we consider that no better acquisition could be made, while, at the same time, to the profession of the city an addition has been made which will alike honor and distinguish it. We welcome these gentlemen into our midst, and most ardently hope that their future career among us may be characterized by an increase of professional zeal and influence commensurate with the increase of fa-

cilities that they will here enjoy. The cultivators of medical literature and science have, and, we feel assured, will continue to find in them, co-laborers of the highest order of talent.

The New-York Medical College.—Recently, we attended the opening exercises of this college, and were much pleased to witness the favorable auspices under which it commences its career. The building is admirably adapted to the end designed, and the Faculty zealous and determined in their efforts to render available the resources of the city in the cause of medical education. The several chairs in this school, it will be seen by reference to our advertising sheet, have been filled from the profession of the city, with the exception of one—that of *Materia Medica and Pharmacy*; to this Dr. Davis, of Chillicothe, Ohio, has been elected. The intimate connection of this gentleman with the advancement of American archæological and ethnological researches, has rendered his name familiar to the ear of the student of science. We welcome his presence among us.

DR. VALENTINE MOTT.—Since our last issue, this distinguished surgeon has returned from Europe, and has been elected Emeritus Professor of Clinical Surgery in the College of Physicians and Surgeons of the University of the State of New-York.

Society for the Relief of Widows and Orphans of Medical Men.—The *Anniversary Dinner* of the N. Y. Society for the relief of the Widows and Orphans of Medical Men, will take place at the Astor House, on Wednesday, November 20th, at 7½ P. M. Members of the Profession desirous of attending, will please make early application to the *Stewards*.

WILLIAM ROCKWEEL,	JOHN T. METCALFE,
EDWARD L. BEADLE,	SAMUEL T. HUBBARD,
JOHN G. ADAMS,	BENJAMIN OGDEN,
J. W. G. CLEMENTS.	

OBITUARY.

DEATH OF DR. HARTSHORNE. Died at *Brandywine Springs*, near Philadelphia, on the 20th of August, Dr. JOSEPH HARTSHORNE, aged 71 years. Dr. H. was one of the oldest practising physicians in Philadelphia, and until within a short period of his death, was actively engaged in professional duties.

INDEX TO VOL. V.

NEW SERIES.

A

Abdomen, contusion of	27
“ tumor of	337
Abortion, treatment of	112
Abscess of liver	201
Acrania monsters, cases of	40
Acid spring, analysis of	142
Adulterated drugs	284
“ coffee	421
Alcoholic liquors, Carpenter on	251
Amputation of hip joint	202, 274
“ superior maxillary bones	415
Amputation, remarks on	429
Aneurism of the aorta	30
Andral on rheumatism	412
Aorta, aneurism of	30, 210
Apoplexy, cases of	63, 65
Aquatic respiration, Dufour on	216
Arachnitis, case of	325
Arsenic, poisoning by	268
Archer's case of prolapsus uteri	59
Artificial anus, cases of	307, 324
Asthma, cases of	411
Ascites, case of	66
Atropine, poisoning by	172

B

Bartlett on edematous laryngitis	83
Bennet on uterus, review of	68, 226
“ case of encysted kidney	183
Billard on infants, notice of	263
Blackman on hernia	367
Blood and chyle, Millon on	223
Bladder, cases of rupture of	101, 204
“ case of gunshot wound of	106

Bones, anatomical elements of	97
“ softening of	297
Bowen on softening of bones	297
Bowman's chemistry, notice of	407
Bryan's translations	216, 223
Bromine, poisoning by	179, 340
“ antidote for	428
Bright's disease, nature of	97
Buel on cholera	12
Bubo, perforating	169
Burns, death of	277

C

Carpenter on alcoholic liquors	251
Capuron M., death of	119
Cantharidine collodion, formulæ for	118
Cancer, pathology of	33
“ of lungs, case of	153
Calculus vesicæ, operation for during labor	274
Cellular tissue, hypertrophy of	326
Cellar population, effects of	120
Cholera, contagiousness of	12
“ Gardner on	212
“ treatment of	241
“ Clark on	237
“ post mortem appearances in	243
Cholera, microscopic appearances in	286
Cholera, influence of on pregnancy	286
Children, enteritis in	413
Churchill on puerperal fever	253
Chinoidin in fever	410
Chloroform, accident from	422
Clavicle, compound fracture of	26

Clark on ship-fever and cholera, notice of	237
Clark's cases	36, 207
Collodion in mammary inflammation	430
Colton's cases	61, 175, 321, 421
Coffee, adulterations of	421
Corrosive sublimate, poisoning by	142
Cod liver oil in phthisis	401
Cock's cases	201
Congenital deformity	411
Constatt, death of	277
Crosse "	
Cystitis, case of	194
Chyle, Millon on	223

D

Delivery, evidences of	409
Delafield's case of fungous hæmatodes	161
De Blainville, death of	299
Dislocation of radius, case of	77
" " hip "	426
Dislocations, long standing	273
Drake's treatise, notice of	94
Dunglison's physiology, notice of	404
" " therapeutics "	404
Dufour on aquatic respiration	216

E

Eberle on children, notice of	418
Edematous laryngitis	83
Effusio cerebri, case of	62
Encephaloid tumors, discussion on	338
" " cases of	337, 347
Enos's case of pneumonia	328
Enteritis, nitrate of silver in	413
Ergotine in hæmorrhage	105
Eye, fungous hæmatodes of	199

F

Fever, puerpural, notice of essays on	253
Fever, puerpural, etiology and pathology of	254, 257
Fever, puerpural, contagiousness of	259
Fenner's medical reports, notice of	87
Fergusson's cases	191, 192
Femur, exostosis of	202
Footling, presentation cases of	191, 192
Fowne's chemistry, notice of	406
Fractures, ununited, cases of	317
Fracture of radius, case of	25
" " clavicle "	25
" " spontaneous, "	336

G

Gardner's case of prolapsus uteri	59
" " on cholera	212

Gastritis chronic	178-323
Gerhard on diseases of the chest	401
" " on cod liver oil	401
Gilman's case of inversion of uterus	9
Gouty deposit, case of	35
Gray's text-book, notice of	264
Griffith, death of	288
Gunshot wound, case of	106

H

Harris's case of introsusceptio ili	333
Hartt's cases	329
Hæmorrhage, ergotine in	105
" " uterine, case of	192
Hæmatozoa, detection of	422
Hæmaturia from turpentine, case of	323
Hernia, case of	27-107-307
" " reduction of <i>en masse</i>	367
Heart, hypertrophy of	143-207
Heart affections, valvular murmurs in	413
" " rupture of	426
Hip joint, amputation at	202-274
" " anomalous dislocations of	314
" " dislocation of in an infant	416
Hydrometra, case of	275
Hydrocele, case of	22
Hospital cases, report of	22
Holmes on choleric discharges	286

I

Impotency, nux vomica in	414
Intestines, wounds of	23
" " laceration of	27
Introsusceptio ili, case of	333
Infanticide, hydrostatic test in	270
Isaacs' translations	351-409

J

Jugular vein, obstruction of	37
--	----

K

Kidneys, disease of	97-183-201-206-235
-------------------------------	--------------------

L

Labium, removal of tumor from	420
Labor, premature, case of	57
" " without pain	276
Laryngitis, review of Bartlett on	83
Lente's cases	22-167-314
Legrand on tubercle and cancer	351
Liver, abscess of	201
Lochia, vicarious	275
Lower jaw, immobility of	423
Luxation, simulated of scapula	107

Lumbicus causing dyspnœa . . .	167
Lung, gangrene of . . .	267-344
Lying in Asylum, report of . . .	191

M

Masseter muscle, division of . . .	423
Maxillary bones, superior, amputation of . . .	415
MacDonnell on cancer of Lung . . .	153
March's case of ovariectomy . . .	140
Mammary inflammation, treatment of . . .	430
Matteuensis researches, abstract of . . .	265
Marjolin, death of . . .	277
Medulla oblongata, physiology of . . .	96
Medical jurisprudence, notice of Taylor on . . .	89
Metcalfe's cases . . .	37-344
Mettauer on lesions of prostate and ureters . . .	285
Meigs on children, notice of . . .	407
Menstruation, condition of ovaries in expelled mucous membrane in . . .	420
Medical Association, prize of . . .	432
“ “ extracts from . . .	410
“ “ report of . . .	122
“ Convention, “ . . .	138
“ education, practical views on . . .	278
“ Journals, notice of . . .	143-144-433
“ Schools, . . .	287
Midwifery, rare cases of . . .	275
Mitchell's Materia Medica, notice of . . .	403
“ on children, notice of . . .	407
Monsters, cases of . . .	40

N

New-York hospital cases . . .	22-61-167-314
Nitrate Silver in enteritis . . .	413
Nux Vomica in impotency . . .	414
Nostrums, prize essay on . . .	143

O

Obituary notices . . .	119-277-288-434
O'Reilly on latent pneumonia, . . .	187
Otitis interna, case of . . .	321
Ovariectomy, case of . . .	140

P

Pathological Society, report of proceedings of . . .	30-194-333
Paralysis from lead, case of . . .	61
“ “ arsenic “ “ . . .	177
Parker's cases . . .	206
Peritonitis, case of . . .	36-324
Pericarditis, case of . . .	64-169
Phthisis, case of . . .	175
Pharyngeal abscess, case of . . .	32

Platina, chloride of in nervous asthma . . .	411
Pleuritis, case of . . .	64
Pneumonia, case of . . .	33-63-328
“ latent . . .	187
Poisoning, case of . . .	142-172-179
“ summary of 16 cases of . . .	268
Prostate gland, disease of . . .	285
“ destruction of . . .	194-422
Prout Dr., death of . . .	119
Purple on acrania monsters . . .	40
Public Hygiene . . .	120
Pyelitis, case of . . .	194
Pyopneumothorax, case of . . .	412

R

Radius, fracture of . . .	25
Rectum, imperforation of . . .	416
Resignations and new appointments . . .	288
Rheumatism, morbid anatomy of . . .	412

S

Scapula, simulated luxation of . . .	107
Shotwell, death of . . .	288
Sichel on spectacles, notice of . . .	405
Smith on unity of races . . .	262
Smith's cases . . .	210-336
Snell's case of poisoning . . .	179
Spermatorrhœa, nux vomica in . . .	414
Speculum, use and abuse of . . .	417
Sternum, excision of . . .	273
Sterling's case of artificial anus . . .	307
Stokes on gangrene of lung . . .	267
Swett's cases . . .	33-194-179
Sweetser's mental hygiene, notice of . . .	407

T

Taylor's medical jurisprudence, notice of . . .	89
Tape-worm, treatment of . . .	271
Transactions of state society, notice of . . .	91
Tibia necrosis of . . .	336
Tubercle and cancer, coincidence of . . .	351
Tubercle and cancer, cases of . . .	352, 354, 357 et seq.
Twitchell, death of . . .	288
Tyler's cases . . .	57

U

Uterus, case of gangrene of . . .	197
“ “ inversion of . . .	9
“ “ prolapsus of . . .	57, 59, 60
“ “ review of Bennet . . .	8
on . . .	8
Uterus, cases of rupture of . . .	329
“ frequency of ulceration of . . .	113

Urinary calculi, causes of . . . 428
 Urine, retention of . . . 117, 418

V

Vaccine establishment, report of . 118
 Van Buren's cases . . . 30, 32, 202, 347
 Valvular murmur in heart affec-
 tions 413
 Vagina, gangrene of 197

Vandervoort's case of obstructed
 labor 425
 Vreeland's case of rupture of blad-
 der 204

W

Watkins's case of tumor . . . 337
 Wens, removal of 416
 Wood's case of immobility of jaw 423
 Wrist-drop, treatment of . . . 414

E R R A T A .

Page 40, 2d line from top, for "psendencephalus" read "psendencephalous." The reader is also requested to make the same correction throughout the article, wherever the noun is used in place of the adjective.

Page 61, 3d line from top, for "Blundall" read "Blandell."

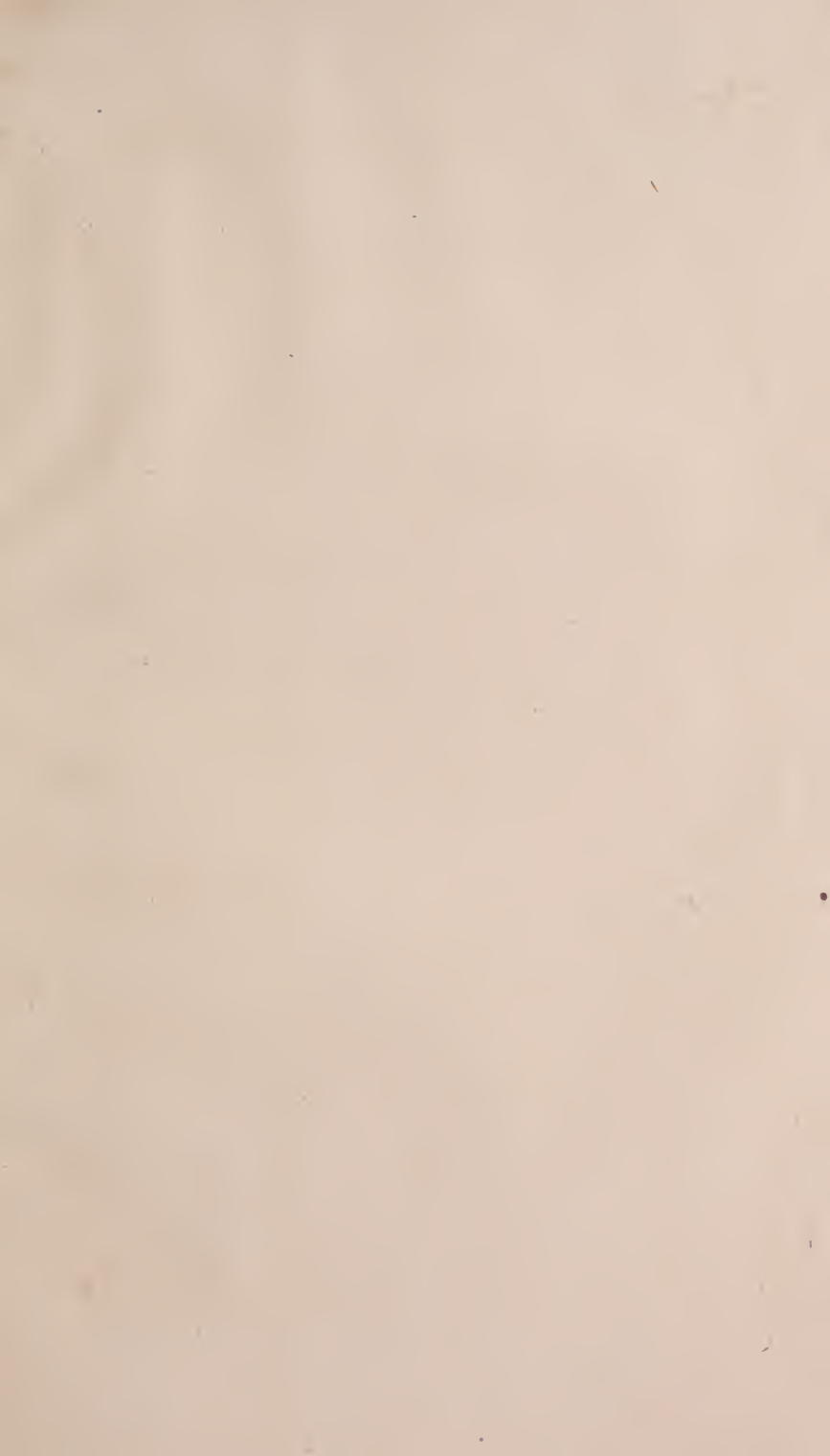
Page 71, 10th line from top, for "Robert de Lambelle" read "Jobert de Lambelle."

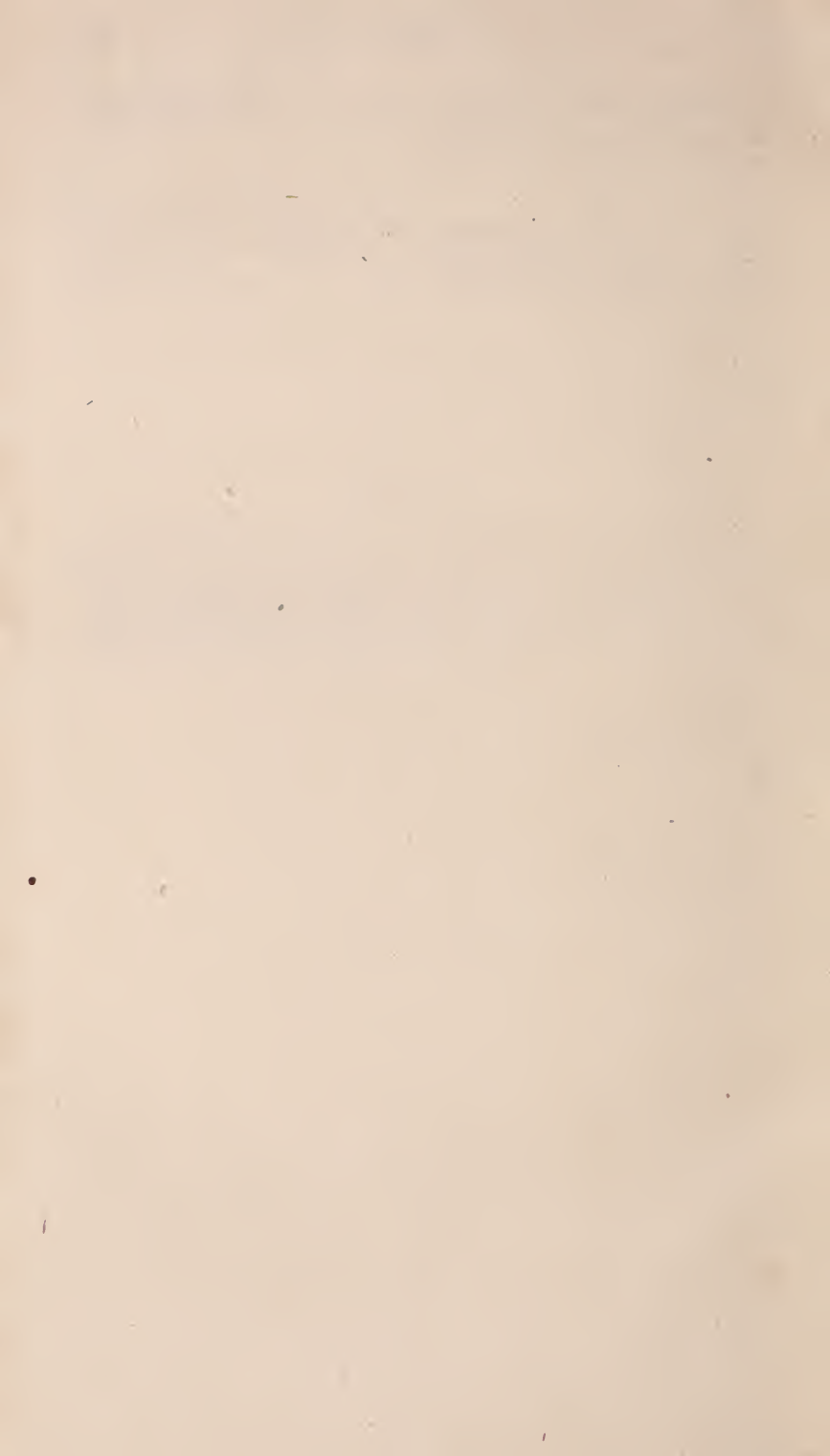
Page 83, 6th line from bottom, for "*Edematous Corditis*" read "*Edematous Carditis*."

Page 85, note, for "New Journal," &c., read "New-York Journal, &c."

Page 86, 6th line from bottom, for "person" read "author."

Page 167, 12th line from top, for "tousilitis" read "tonsilitis."





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Annex

